| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| WESTERN DISTRICT OF WASHINGTON                  |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | Chapter 7                     |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  |                                      |
|   | ☐ Chapter 13                  | ☐ Check if this is an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's  | First name  Austin                       | First name                                    |
|     | license or passport).  | Middle name                              | Middle name                                   |
|     | Bring your picture identification to your  | Ritucci                                  |   |
|     | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |  |  |   |
| 2.  | All other names you have used in the last 8 years  |  |   |
|     | Include your married or<br>maiden names and any<br>assumed, trade names and<br>doing business as names.                                    |  |   |
|     | Do NOT list the name of<br>any separate legal entity<br>such as a corporation,<br>partnership, or LLC that is<br>not filing this petition. |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)           | xxx-xx-0875                              |   |

| tor 1 Jeffrey Austin Ri                                   | tucci   | Case number (if known)   |
|---|---|--|
|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| Your Employer<br>Identification Number<br>(EIN), if any.  |   |  |
|   | EIN   | EIN  |
| Where you live  |   | If Debtor 2 lives at a different address:  |
|   | ****  |  |
|   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|   | Whatcom   |  |
|   | •   | County   |
|   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
|   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|   | Your Employer Identification Number (EIN), if any.  Where you live  Why you are choosing this district to file for  | About Debtor 1:  Your Employer Identification Number (EIN), if any.  EIN  8635 Blaine Road Blaine, WA 98230  Number, Street, City, State & ZIP Code  Whatcom  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Why you are choosing this district to file for bankruptcy  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |

| 7. | The chapter of the Bankruptcy Code you are  |       |                                 |                                      | of each, see <i>Notice Required by</i> page 1 and check the appropria  | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy<br>e box.  |
|----|---|-------|---------------------------------|--------------------------------------|--|---|
|    | choosing to file under  | ■ Ch  | apter 7                         |                                      |  |   |
|    |   | ☐ Ch  | apter 11                        |                                      |  |   |
|    |   | ☐ Ch  | apter 12                        |                                      |  |   |
|    |   | ☐ Ch  | apter 13                        |                                      |  |   |
| 3. | How you will pay the fee  |       | about how yo                    | u may pay. Typio<br>attorney is subm | cally, if you are paying the fee yo                                    | ck with the clerk's office in your local court for more det<br>ourself, you may pay with cash, cashier's check, or mo<br>alf, your attorney may pay with a credit card or check w |
|    |   |       |                                 |                                      |  | on, sign and attach the Application for Individuals to Pa   |
|    |   |       | _                               |                                      | (Official Form 103A).  | n only if you are filing for Chapter 7. By law, a judge m   |
|    |   |       | but is not rec<br>applies to yo | uired to, waive your family size and | our fee, and may do so only if yo<br>I you are unable to pay the fee i | our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill cial Form 103B) and file it with your petition.              |
|    | Have you filed for bankruptcy within the  | ■ No. |                                 |                                      |  |   |
|    | last 8 years?   | ☐ Yes |                                 |                                      | When   | Cons. graph or  |
|    |   |       | District<br>District            |                                      | When<br>When   | Case number Case number   |
|    |   |       | District                        |                                      | When   | Case number  Case number  |
|    |   |       | District                        |                                      | When   | Odde Hulliber   |
| 0. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ No  | S.                              |                                      |  |   |
|    | annate:   |       | Debtor                          |                                      |  | Relationship to you   |
|    |   |       | District                        |                                      | When   | Case number, if known   |
|    |   |       | Debtor                          |                                      |  | Relationship to you   |
|    |   |       | District                        |                                      | When   | Case number, if known   |
| 1. | Do you rent your  | ■ No. | Go to                           | ine 12.                              |  |   |
|    | residence?  | ☐ Yes | s. Has yo                       | ur landlord obtai                    | ned an eviction judgment agains  | st you?   |
|    |   |       |                                 | No. Go to line 1                     | 2.   |   |
|    |   |       |                                 | Yes. Fill out Init                   | ial Statement About an Eviction  | Judgment Against You (Form 101A) and file it as part  |

Case number (if known)

Debtor 1 **Jeffrey Austin Ritucci** 

| )eb | tor 1 Jeffrey Austin Rit  | ucci     |                            |   | Case number (if known)  |
|-----|---|----------|----------------------------|---|---|
|     |   |          |                            |   |   |
| ar  | Report About Any Bu   | sinesses | You Owr                    | າ as a Sole Proprieto                         | or  |
| 2.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.    | Go to                      | Part 4.                                       |   |
|     |   | ☐ Yes.   | Name                       | e and location of busir                       | ness  |
|     | A sole proprietorship is a  |          |                            |   |   |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          |                            | e of business, if any                         |   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |          | Numb                       | per, Street, City, State                      | e & ZIP Code  |
|     | it to this petition.  |          | Chec                       | k the appropriate box                         | to describe your business:  |
|     |   |          |                            | Health Care Busine                            | ess (as defined in 11 U.S.C. § 101(27A))  |
|     |   |          |                            | Single Asset Real F                           | Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |          |                            | Stockbroker (as de                            | fined in 11 U.S.C. § 101(53A))  |
|     |   |          |                            | Commodity Broker                              | (as defined in 11 U.S.C. § 101(6))  |
|     |   |          |                            | None of the above                             |   |
| 3.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and<br>are you a small business<br>debtor?                          | deadline | s. If you ir<br>ns, cash-f | ndicate that you are a low statement, and fe  | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of <i>small</i> business debtor, see 11  | ■ No.    | I am ı                     | not filing under Chapt                        | er 11.  |
|     | U.S.C. § 101(51D).  | □ No.    | I am f<br>Code             |   | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |   | ☐ Yes.   |                            |   | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.   |
|     |   | ☐ Yes.   | I am f                     | iling under Chapter 1<br>ose to proceed under | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.   |
| ar  | t 4: Report if You Own or   | Have Any | / Hazardo                  | ous Property or Any                           | Property That Needs Immediate Attention   |
| 4.  | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ■ No.    | What is                    | the hazard?                                   |   |
|     | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs                                    |          | If immed                   | diate attention is                            |   |
|     | immediate attention?  |          | needed,                    | , why is it needed?                           |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |          | Where i                    | s the property?                               |   |
|     | argent repairs:   |          |                            |   | Number, Street, City, State & Zip Code  |
|     |   |          |                            |   |   |
|     |   |          |                            |   |   |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Jeffrey Austin Rit   | ucci                    |  | Case number   | (if known)  |
|-----|---|-------------------------|--|---|---|
| Par | t 6: Answer These Questi  | ons for Rep             | porting Purposes   |   |   |
|     | What kind of debts do you have?   | 16a. i                  | Are your debts primarily conndividual primarily for a person | nsumer debts? Consumer debts are definingly, or household purpose."                         | ned in 11 U.S.C. § 101(8) as "incurred by an  |
|     |   |                         | ☐ No. Go to line 16b.  |   |   |
|     |   |                         | Yes. Go to line 17.  |   |   |
|     |   |                         |  | siness debts? Business debts are debts t<br>treatment or through the operation of the busin |   |
|     |   |                         | ☐ No. Go to line 16c.  |   |   |
|     |   |                         | ☐ Yes. Go to line 17.  |   |   |
|     |   | 16c. :                  | State the type of debts you ow                               | ve that are not consumer debts or business  | s debts   |
| 17. | Are you filing under Chapter 7?   | □ No.                   | am not filing under Chapter 7                                | 7. Go to line 18.   |   |
|     | Do you estimate that after any exempt property is excluded and                          | ■ Yes.                  | am filing under Chapter 7. Do                                | o you estimate that after any exempt proper ilable to distribute to unsecured creditors?    | erty is excluded and administrative expenses  |
|     | administrative expenses   |                         | No   |   |   |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? | I                       | □ Yes  |   |   |
| 18. | How many Creditors do   | <b>1</b> -49            |  | □ 1,000-5,000   | ☐ 25,001-50,000   |
|     | you estimate that you owe?  | ☐ 50-99                 |  | ☐ 5001-10,000   | □ 50,001-100,000  |
|     | owe:  | □ 100-199<br>□ 200-999  |  | □ 10,001-25,000   | ☐ More than100,000  |
| 19. | How much do you estimate your assets to   | □ \$0 - \$50            |  | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|     | be worth?   |                         | 1 - \$100,000  | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million                             | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                    |
|     |   |                         | 01 - \$500,000<br>01 - \$1 million                           | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| 20. | How much do you   | □ \$0 - \$50            |  | ☐ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?  |                         | 1 - \$100,000  | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |
|     |   | _                       | 01 - \$500,000<br>01 - \$1 million                           | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                              | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                             |
| Par | t 7: Sign Below   |                         |  |   |   |
| For | you   | I have exa              | mined this petition, and I decl                              | are under penalty of perjury that the inform  | nation provided is true and correct.  |
|     |   |                         |  | I am aware that I may proceed, if eligible,<br>lief available under each chapter, and I ch  |   |
|     |   |                         |  | ot pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b).            | an attorney to help me fill out this  |
|     |   | I request re            | elief in accordance with the ch                              | napter of title 11, United States Code, spec  | rified in this petition.  |
|     |   | bankruptcy<br>and 3571. | case can result in fines up to                               | concealing property, or obtaining money or \$250,000, or imprisonment for up to 20 years.   | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |   |                         | y Austin Ritucci<br>.ustin Ritucci<br>of Debtor 1            | Signature of Debtor   | 2   |
|     |   | Executed of             |  | Executed on   |   |
|     |   |                         | MM / DD / YYYY   | MM  | / DD / YYYY   |

| Debtor 1 Jeffrey Austin Rit   | tucci  | Cas                          | se number (if known)  |
|---|--|------------------------------|---|
| For your attorney, if you are represented by one                              | under Chapter 7, 11, 12, or 13 of title 11, Uni                  | ited States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. |  |                              | vledge after an inquiry that the information in the   |
|   | /s/ Steven C. Hathaway   | Date                         | October 16, 2024  |
|   | Signature of Attorney for Debtor                                 |                              | MM / DD / YYYY  |
|   | Steven C. Hathaway  Printed name                                 |                              |   |
|   | Law Office of Steven C. Hathaway                                 |                              |   |
|   | Firm name  |                              |   |
|   | 3811 Consolidation Ave.<br>P.O. Box 2147<br>Bellingham, WA 98227 |                              |   |
|   | Number, Street, City, State & ZIP Code                           |                              |   |
|   | Contact phone 360-676-0520                                       | Email address                | shathaway@aynrasslaw.com  |

24971 WA Bar number & State

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| Fill in         | this information to identify your case  | se:   |   |             |                           |
|-----------------|---|---|---|-------------|---------------------------|
| Debt            |   |   |   |             |                           |
| Dala            | First Name  | Middle Name   | Last Name   |             |                           |
| Debte<br>(Spous | e if, filing)  First Name   | Middle Name   | Last Name   |             |                           |
| Unite           | d States Bankruptcy Court for the:  | WESTERN DISTRICT  | OF WASHINGTON   |             |                           |
| Case            | number  |   |   |             |                           |
| (if know        |   |   |   | _           | k if this is an           |
|                 |   |   |   | amer        | nded filing               |
| Oπ:             | aial Farma 4000   |   |   |             |                           |
|                 | cial Form 106Sum  | d Liabilities a   | nd Certain Statistical Information  |             | 40/45                     |
|                 | · · · · · · · · · · · · · · · · · · ·   |   | e are filing together, both are equally responsible for   | or supplyi  | 12/15<br>ng correct       |
| inforr          | nation. Fill out all of your schedules  | first; then complete tl                                     | he information on this form. If you are filing amend  |             |                           |
|                 | original forms, you must fill out a nev   | N Summary and chec  | k the box at the top of this page.  |             |                           |
| Part            | Summarize Your Assets   |   |   |             |                           |
|                 |   |   |   | Your a      | assets<br>of what you own |
| 1.              | Schedule A/B: Property (Official Form   | 1064/R)   |   |             | ,                         |
|                 |   |   |   | \$          | 440,000.00                |
|                 | 1b. Copy line 62, Total personal proper   | ty, from Schedule A/B.                                      |   | \$          | 23,669.00                 |
|                 | 1c. Copy line 63, Total of all property or                                      | n Schedule A/B  |   | \$          | 463,669.00                |
| Part :          | Summarize Your Liabilities  |   |   |             |                           |
|                 |   |   |   | Your I      | iabilities                |
|                 |   |   |   |             | nt you owe                |
|                 | Schedule D: Creditors Who Have Clain  |   |   | \$          | 349,287.73                |
|                 | .,  |   | the bottom of the last page of Part 1 of Schedule D   | Ψ           | 0.0,200                   |
| 3.              | Schedule E/F: Creditors Who Have Un<br>3a. Copy the total claims from Part 1 (p | s <i>ecured Claims</i> (Officia<br>priority unsecured clain | al Form 106E/F)<br>ns) from line 6e of <i>Schedule E/F</i>  | \$          | 13,000.00                 |
|                 | 3b. Copy the total claims from Part 2 (r  | nonpriority unsecured o                                     | claims) from line 6j of Schedule E/F  | \$          | 83,981.00                 |
|                 |   |   |   |             | ,                         |
|                 |   |   | Your total liabilities  | \$          | 446,268.73                |
|                 |   |   |   |             |                           |
| Part :          | Summarize Your Income and Ex  | rpenses   |   |             |                           |
|                 | Schedule I: Your Income (Official Form Copy your combined monthly income fr     |   | ə l   | \$          | 3,870.59                  |
|                 | Schedule J: Your Expenses (Official Fo<br>Copy your monthly expenses from line  |   |   | \$          | 4,803.00                  |
| Part 4          | Answer These Questions for Ac   | Iministrative and Stat                                      | istical Records   |             |                           |
| 6.              | Are you filing for bankruptcy under (   | Chapters 7, 11, or 13?                                      |   |             |                           |
|                 | ☐ No. You have nothing to report on   | this part of the form. C                                    | check this box and submit this form to the court with yo  | ur other sc | hedules.                  |
|                 | Yes   |   |   |             |                           |
| 7.              | What kind of debt do you have?  |   |   |             |                           |
|                 |   |   | debts are those "incurred by an individual primarily for<br>og for statistical purposes. 28 U.S.C. § 159. | a personal  | l, family, or             |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|   | Total cl | aim       |
|---|----------|-----------|
| From Part 4 on Schedule E/F, copy the following:  |          |           |
| 9a. Domestic support obligations (Copy line 6a.)  | \$       | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$       | 13,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$       | 0.00      |
| 9d. Student loans. (Copy line 6f.)  | \$       | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as<br>priority claims. (Copy line 6g.) | \$       | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +\$      | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$       | 13,000.00 |

|                                     | Jeffrey Austi                                    | in Ritucci            |           |   |  |   |
|-------------------------------------|--|-----------------------|-----------|---|--|---|
|                                     | First Name                                       | Middle                | Name      | Last Name   |  |   |
| ebtor 2<br>pouse, if filing)        | First Name                                       | Middle                | e Name    | Last Name   |  |   |
| nited States E                      | Bankruptcy Court for                             | the: WESTERN          | DISTR     | ICT OF WASHINGTON   |  |   |
| ase number                          |  |                       |           |   |  | ☐ Check if this is a amended filing   |
|                                     |  |                       |           |   |  |   |
|                                     | orm 106A/B                                       | -                     |           |   |  |   |
| chedu                               | ıle A/B: Pr                                      | operty                |           |   |  | 12/15   |
| ☐ No. Go to P                       | , , , ,  | uitable interest in a | iny resid | lence, building, land, or similar property?   |  |   |
|                                     |  |                       |           |   |  |   |
| 8635 Bla                            | aine Road<br>ss, if available, or other desc     | cription              | What<br>■ | is the property? Check all that apply Single-family home Duplex or multi-unit building  | the amount of any se   | ed claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property   |
|                                     |  | cription              | <b>=</b>  | Single-family home  | the amount of any se   |   |
| 8635 Bla Street addres              | ss, if available, or other desc                  | 98230-0000            | ■         | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land  | the amount of any se<br>Creditors Who Have  Current value of the<br>entire property?   | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  |
| 8635 Bla<br>Street addres           | ss, if available, or other desc                  |                       |           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other   | Current value of the entire property? \$440,000.0  Describe the nature (such as fee simple   | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  Support of your ownership interest, tenancy by the entireties, or |
| 8635 Bla Street addres              | ss, if available, or other desc                  | 98230-0000            |           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare   | the amount of any se Creditors Who Have  Current value of the entire property?  \$440,000.0  | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  Support of your ownership interest, tenancy by the entireties, or |
| Blaine City Whatcor                 | wass, if available, or other described was state | 98230-0000            |           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only   | Current value of the entire property? \$440,000.0  Describe the nature (such as fee simple a life estate), if known  | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  Support of your ownership interest, tenancy by the entireties, of |
| 8635 Bla Street addres  Blaine City | wass, if available, or other described was state | 98230-0000            |           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only   | the amount of any se Creditors Who Have  Current value of the entire property? \$440,000.0  Describe the nature (such as fee simple a life estate), if know Fee simple | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  Support of your ownership interest, tenancy by the entireties, of |
| Blaine City Whatcor                 | wass, if available, or other described was state | 98230-0000            |           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | current value of the entire property? \$440,000.0  Describe the nature (such as fee simple a life estate), if know Fee simple  | Current value of the portion you own?  6  |
| Blaine City Whatcor                 | wass, if available, or other described was state | 98230-0000            |           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this itee | current value of the entire property? \$440,000.0  Describe the nature (such as fee simple a life estate), if know Fee simple  | Current value of the portion you own?  6  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

|   | Jeffrey Austir   | 1 Ritucci   |  | ase number <i>(if known)</i>             |   |
|---|--|---|--|--|---|
| ≀ Cars vans   | s trucks tracto  | rs snort utility ve   | hicles, motorcycles  |  |   |
| o. Cars, varis  | s, irucks, iracio  | is, sport utility ve  | micies, motorcycles  |  |   |
| □ No  |  |   |  |  |   |
| Yes   |  |   |  |  |   |
| _ 100   |  |   |  |  |   |
| 0.4   | Ford   |   | WII - 1 1 do 1 do  | Do not deduct secured of                 | claims or exemptions. Put   |
| 3.1 Make:   | E 050  |   | Who has an interest in the property? Check one   | the amount of any secur                  | red claims on Schedule D:   |
| Model:  |  |   | ■ Debtor 1 only  | Creditors Who Have Cla                   | aims Secured by Property.   |
| Year:   | 2008   |   | Debtor 2 only  | Current value of the                     | Current value of the  |
|   | imate mileage:   | 147,000   | Debtor 1 and Debtor 2 only   | entire property?                         | portion you own?  |
|   | nformation:  |   | At least one of the debtors and another  |  |   |
|   | ion: 8635 Bla<br>e WA 98230  | ine Road,   | ☐ Check if this is community property (see instructions)   | \$15,000.00                              | \$15,000.00   |
| 3.2 Make:   | Kawasaki   |   | Who has an interest in the property? Check one   |  | claims or exemptions. Put   |
| Model:  | V650   |   | ■ Debtor 1 only  |  | red claims on Schedule D:<br>aims Secured by Property.  |
| Year:   | 2021   |   | ☐ Debtor 2 only  |  | , , ,   |
|   | imate mileage:   | 13,000  | Debtor 1 and Debtor 2 only   | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
|   | nformation:  | 10,000  | ☐ At least one of the debtors and another  | onimo proporty :                         | po  |
|   | ion: 8635 Bla  | ine Road  | At least one of the debtors and another  |  |   |
|   | e WA 98230   | mo redui,   | Check if this is community property (see instructions)   | \$4,000.00                               | \$4,000.00  |
| . Watercraft  |  |   | nd other recreational vehicles, other vehicles, an tercraft, fishing vessels, snowmobiles, motorcycle a  |  |   |
| . Watercraft Examples: E  No Yes  | Boats, trailers, π   | notors, personal wa   |  | accessories                              | \$40,000,00   |
| No Yes  Add the d   | Boats, trailers, n   | notors, personal wa   | ntercraft, fishing vessels, snowmobiles, motorcycle a  | accessories ny entries for               | \$19,000.00   |
| No Yes  Add the design of the | Boats, trailers, n   | notors, personal wa<br>ne portion you ow<br>I for Part 2. Write   | n for all of your entries from Part 2, including an  | accessories ny entries for               | \$19,000.00   |
| No Yes  Add the double ages you   | Boats, trailers, n   | notors, personal wa<br>ne portion you ow<br>I for Part 2. Write t   | n for all of your entries from Part 2, including an  | accessories ny entries for               | \$19,000.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| No Yes  Add the d pages you own  Household Examples:  | Boats, trailers, no boats, trailers, no boats, trailers, no boats and the boats and further boats are boats and further boats and further boats and further boats are boats and further boats and further boats and further boats ar | ne portion you ow<br>for Part 2. Write to<br>al and Household Ite<br>gal or equitable int   | ntercraft, fishing vessels, snowmobiles, motorcycle and the state of t | accessories ny entries for               | Current value of the portion you own? Do not deduct secured                                     |
| No Yes  S Add the d pages you own  Household Examples:  | Boats, trailers, no boats, trailers, no boats, trailers, no boats and the boats and further boats are boats and further boats and further boats and further boats are boats and further boats and further boats and further boats ar | ne portion you ow<br>for Part 2. Write to<br>al and Household Ite<br>gal or equitable int   | tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems  terest in any of the following items?   | accessories ny entries for               | Current value of the portion you own? Do not deduct secured                                     |
| No Yes  Add the d pages you own  Household Examples:  | Boats, trailers, no boats, trailers, no boats, trailers, no boats, trailers, no boats, | ne portion you ow<br>if for Part 2. Write to<br>al and Household Ita<br>gal or equitable into<br>rnishings<br>es, furniture, linens                                     | tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems  terest in any of the following items?   | ny entries for                           | Current value of the portion you own? Do not deduct secured claims or exemptions.               |
| 4. Watercraft  Examples: B  No  Yes  S Add the d  pages you  Part 3: Descr  Do you own  6. Household  Examples:  No  Yes. Do  7. Electronica  | Boats, trailers, no Boats, | ne portion you ow<br>for Part 2. Write of<br>al and Household Ite<br>gal or equitable inter<br>rnishings<br>es, furniture, linens<br>Beds, dressers,<br>Location: 8635  | In for all of your entries from Part 2, including an that number hereems  terest in any of the following items?  , china, kitchenware  , couch, tables, chairs, appliances, dishes,  | ny entries for                           | Current value of the portion you own? Do not deduct secured claims or exemptions.               |
| 4. Watercraft  Examples: B  No  Yes  5 Add the d pages you  Part 3: Descr Do you own  6. Household  Examples:  No  Yes. Do  7. Electronic  Examples:  No  | Boats, trailers, no Boats, | ne portion you ow<br>d for Part 2. Write of<br>al and Household Ite<br>gal or equitable info<br>rnishings<br>es, furniture, linens<br>Beds, dressers,<br>Location: 8635 | In for all of your entries from Part 2, including an that number hereems  terest in any of the following items?  , china, kitchenware  , couch, tables, chairs, appliances, dishes, Blaine Road, Blaine WA 98230  eo, stereo, and digital equipment; computers, printer  | ny entries for                           | Current value of the portion you own? Do not deduct secured claims or exemptions.               |

| De  | ebtor 1                              | Jeffrey Austi   | n Ritucci Case  | number (if known)         |   |
|-----|--------------------------------------|---|---|---------------------------|---|
| 8.  |                                      |   | figurines; paintings, prints, or other artwork; books, pictures, or other art ob<br>ns, memorabilia, collectibles                                     | jects; stamp, coin, or ba | seball card collections;  |
|     | ☐ Yes. D                             | escribe   |   |                           |   |
| 9.  |                                      | nt for sports an<br>a: Sports, photog<br>musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf cl  | ubs, skis; canoes and ka  | ayaks; carpentry tools;   |
|     | □ No                                 |   |   |                           |   |
|     | ■ Yes. D                             | escribe   |   |                           |   |
|     |                                      |   | One tent<br>Location: 8635 Blaine Road, Blaine WA 98230   |                           | \$50.00   |
| 10. | ■ No                                 |   | , shotguns, ammunition, and related equipment   |                           |   |
| 11. | □ No ·                               | es: Everyday clo  | thes, furs, leather coats, designer wear, shoes, accessories  |                           |   |
|     |                                      |   | Assorted clothing and apparel<br>Location: 8635 Blaine Road, Blaine WA 98230  |                           | \$500.00  |
|     | ■ No □ Yes. D  Non-farm Example ■ No | Describe<br>n animals<br>es: Dogs, cats, b              | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry   | , watches, gems, gold, s  | ilver   |
| 14. | ■ No                                 | er personal and   | I household items you did not already list, including any health aids y   | ou did not list           |   |
|     | ☐ Yes. G                             | Give specific info                                      | rmation   |                           |   |
| 15  |                                      |   | of all of your entries from Part 3, including any entries for pages you humber here   | nave attached             | \$4,650.00  |
| Pa  | art 4: Desc                          | ribe Your Financ  | cial Assets   |                           |   |
| De  | o you own                            | or have any le  | gal or equitable interest in any of the following?  |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No                                 |   | ave in your wallet, in your home, in a safe deposit box, and on hand when   | you file your petition    |   |
| 17. |                                      |   | livings, or other financial accounts; certificates of deposit; shares in credit ut f you have multiple accounts with the same institution, list each. | nions, brokerage house    | s, and other similar  |

page 3

Schedule A/B: Property

Official Form 106A/B

| De  | btor 1                        | Jeffrey Au                  | ıstin Rituc                | ci  |   | Case number          | (if known)          |                      |
|-----|-------------------------------|-----------------------------|----------------------------|---|---|----------------------|---------------------|----------------------|
|     | Yes                           |                             |                            |   | Institution name:   |                      |                     |                      |
|     |                               |                             | 17.1.                      | Checking                                      | USAA ending in 6183   |                      |                     | \$3.00               |
|     |                               |                             | 17.2.                      | Savings/ Checking                             | Whatcom Educational C   | redit Union end      | ling in             | \$16.00              |
|     |                               |                             |                            | ly traded stocks<br>ent accounts with brokera | ge firms, money market accoun   | nts                  |                     |                      |
|     | □ Yes                         |                             |                            | Institution or issuer name                    | :   |                      |                     |                      |
|     | Non-publ<br>joint ven<br>□ No |                             | stock and                  | interests in incorporate                      | d and unincorporated busine   | sses, including a    | n interest in an Ll | LC, partnership, and |
|     | Yes. Gi                       | ive specific                |                            | about themne of entity:                       |   | % of ownersh         | hip:                |                      |
|     |                               |                             | Ge                         | t er Done Homefront,                          | LLC (not active)  | 100                  | %                   | \$0.00               |
|     |                               |                             | Ма                         | rine Men, LLC (Not ac                         | ctive)  | 100                  | %                   | \$0.00               |
| 21. | Retirement<br>Examples        | nt or pensi<br>s: Interests | on account<br>in IRA, ERIS | s<br>S<br>6A, Keogh, 401(k), 403(b)           | , thrift savings accounts, or oth                                       | er pension or profi  | it-sharing plans    |                      |
|     | ⊔ Yes. Lis                    | t each acco                 | ount separat<br>Type o     | ely.<br>of account:                           | Institution name:   |                      |                     |                      |
| 22. | Your sha                      | re of all unu               |                            | s you have made so that                       | you may continue service or us<br>c utilities (electric, gas, water), t |                      |                     | hers                 |
|     | ■ No<br>□ Yes                 |                             |                            |   | Institution name or individual:   |                      |                     |                      |
|     | Annuities  No                 | (A contrac                  | t for a period             | dic payment of money to y                     | ou, either for life or for a number                                     | er of years)         |                     |                      |
|     | □ Yes                         |                             | Issuer nam                 | e and description.                            |   |                      |                     |                      |
|     |                               |                             |                            | n an account in a qualificand 529(b)(1).      | ed ABLE program, or under a   | a qualified state to | uition program.     |                      |
|     | □ Yes                         |                             | Institution n              | ame and description. Sep                      | parately file the records of any in                                     | nterests.11 U.S.C.   | . § 521(c):         |                      |
|     | No                            | •                           |                            | rests in property (other to about them        | than anything listed in line 1)   | , and rights or po   | wers exercisable    | for your benefit     |
| 26. | Patents, o                    | copyrights                  | , trademark                | s, trade secrets, and oth                     | ner intellectual property<br>om royalties and licensing agree           | ements               |                     |                      |
|     | _                             | ive specific                | information                | about them                                    |   |                      |                     |                      |

| D   | ebtor 1                       | Jeffrey Austin Ritucci  | Case number (if known)   |   |
|-----|-------------------------------|---|--|---|
| 27. | Examp                         | es, franchises, and other general intangibles des: Building permits, exclusive licenses, cooperative association  | n holdings, liquor licenses, professional licenses             |   |
|     | ■ No<br>□ Yes.                | Give specific information about them  |  |   |
| M   | oney or p                     | property owed to you?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | ■ No                          | ands owed to you  Sive specific information about them, including whether you alread  | ady filed the returns and the tax years                        |   |
| 29. | ■ No                          | support les: Past due or lump sum alimony, spousal support, child suppo   | ort, maintenance, divorce settlement, property settl           | lement  |
| 30. | Example No                    | mounts someone owes you les: Unpaid wages, disability insurance payments, disability ben- benefits; unpaid loans you made to someone else Give specific information           | efits, sick pay, vacation pay, workers' compensati             | on, Social Security   |
| 31. | . Interest<br>Example<br>■ No | s in insurance policies les: Health, disability, or life insurance; health savings account (les) lame the insurance company of each policy and list its value.  Company name: | HSA); credit, homeowner's, or renter's insurance  Beneficiary: | Surrender or refund value:  |
| 32. | If you a someor               | erest in property that is due you from someone who has die re the beneficiary of a living trust, expect proceeds from a life in he has died.  Give specific information       |  | property because  |
| 33. | Example No                    | against third parties, whether or not you have filed a lawsuites: Accidents, employment disputes, insurance claims, or rights  Describe each claim                            |  |   |
| 34. | ■ No                          | ontingent and unliquidated claims of every nature, including  | g counterclaims of the debtor and rights to set                | off claims  |
| 35. | ■ No                          | ancial assets you did not already list  Give specific information   |  |   |
| 36  |                               | ne dollar value of all of your entries from Part 4, including art 4. Write that number here   |  | \$19.00   |
| Pa  | art 5: Des                    | cribe Any Business-Related Property You Own or Have an Interest I   | n. List any real estate in Part 1.                             |   |
|     | No. Go                        | wn or have any legal or equitable interest in any business-related poto Part 6. to line 38.   | roperty?   |   |

| Deb   | otor 1 Jeffrey Austin Ritucci  |                        | Case number (if known)       |   |
|-------|--|------------------------|------------------------------|---|
| Part  | 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In.                       |   |
| 46. I | Do you own or have any legal or equitable interest in any farm-  | or commercial fishir   | ng-related property?         |   |
|       | No. Go to Part 7.  |                        |                              |   |
|       | ☐ Yes. Go to line 47.  |                        |                              |   |
| Part  | 7: Describe All Property You Own or Have an Interest in That You   | Did Not List Above     |                              |   |
|       | Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No          | •                      |                              |   |
| _     | Yes. Give specific information   |                        |                              |   |
| 54.   | Add the dollar value of all of your entries from Part 7. Write that  8: List the Totals of Each Part of this Form                | at number here         |                              | \$0.00  |
| 55.   | Part 1: Total real estate, line 2  |                        |                              | \$440,000.00                                      |
| 56.   | Part 2: Total vehicles, line 5   | \$19,000.00            | _                            | <del>• • • • • • • • • • • • • • • • • • • </del> |
| 57.   | Part 3: Total personal and household items, line 15  | \$4,650.00             |                              |   |
| 58.   | Part 4: Total financial assets, line 36  | \$19.00                |                              |   |
| 59.   | Part 5: Total business-related property, line 45   | \$0.00                 |                              |   |
| 60.   | Part 6: Total farm- and fishing-related property, line 52  | \$0.00                 |                              |   |
| 61.   | Part 7: Total other property not listed, line 54 +   | \$0.00                 |                              |   |
| 62.   | Total personal property. Add lines 56 through 61   | \$23,669.00            | Copy personal property total | \$23,669.00                                       |
| 63.   | Total of all property on Schedule A/B. Add line 55 + line 62   |                        |                              | \$463 669 00                                      |

| Fill in this infor  | mation to identify your  | case:              |               |                                      |
|---------------------|--------------------------|--------------------|---------------|--------------------------------------|
| Debtor 1            | Jeffrey Austin Rit       | tucci              |               |                                      |
|                     | First Name               | Middle Name        | Last Name     |                                      |
| Debtor 2            |                          |                    |               |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name     |                                      |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT C | DF WASHINGTON |                                      |
| Case number         |                          |                    |               |                                      |
| (if known)          |                          |                    |               | ☐ Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                                 | Current value of the<br>portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption              |
|---|---|-----|---|---|
|   | Copy the value from<br>Schedule A/B     | Che | eck only one box for each exemption.                            |   |
| 8635 Blaine Road Blaine, WA 98230<br>Whatcom County                   | \$440,000.00                            |     | \$111,622.53  | Wash. Rev. Code §§ 6.13.010, 6.13.020, 6.13.030 |
| Line from Schedule A/B: 1.1   |   |     | 100% of fair market value, up to any applicable statutory limit | 0.1.0.022, 0.1.0.000                            |
| 2008 Ford F-350 147,000 miles<br>Location: 8635 Blaine Road, Blaine   | \$15,000.00                             |     | \$0.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii)         |
| WA 98230<br>Line from Schedule A/B: 3.1                               |   |     | 100% of fair market value, up to any applicable statutory limit | 0.10.010(1)(d)(ii)                              |
| 2021 Kawasaki V650 13,000 miles<br>Location: 8635 Blaine Road, Blaine | \$4,000.00                              |     | \$1,000.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(iv)         |
| WA 98230<br>Line from Schedule A/B: 3.2                               |   |     | 100% of fair market value, up to any applicable statutory limit | 0.10.010(1)(d)(iv)                              |
| Beds, dressers, couch, tables, chairs, appliances, dishes, etc        | \$3,000.00                              |     | \$3,000.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(i)          |
| Location: 8635 Blaine Road, Blaine<br>WA 98230                        |   |     | 100% of fair market value, up to any applicable statutory limit | 33.3.3(1)(4)(1)                                 |
| Line from Schedule A/B: 6.1   |   |     |   |   |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| De | btor 1 Jeffrey Austin Ritucci  |                                      |         | Case number (if known)  |   |
|----|--|--------------------------------------|---------|---|---|
|    | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption      |
|    |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |   |
|    | Two televisions, laptop, printer, cell phone, etc                                    | \$1,100.00                           |         | \$1,100.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(i)  |
|    | Location: 8635 Blaine Road, Blaine WA 98230 Line from Schedule A/B: 7.1              |                                      |         | 100% of fair market value, up to any applicable statutory limit |   |
|    | One tent<br>Location: 8635 Blaine Road, Blaine                                       | \$50.00                              |         | \$50.00   | Wash. Rev. Code §<br>6.15.010(1)(d)(ii) |
|    | WA 98230<br>Line from Schedule A/B: 9.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit | 0.10.010(1)(0)(1)                       |
|    | Assorted clothing and apparel Location: 8635 Blaine Road, Blaine                     | \$500.00                             |         | \$500.00  | Wash. Rev. Code §<br>6.15.010(1)(a)     |
|    | WA 98230<br>Line from <i>Schedule A/B</i> : 11.1                                     |                                      |         | 100% of fair market value, up to any applicable statutory limit | 0.1010.10(1)(4)                         |
|    | Checking: USAA ending in 6183 Line from Schedule A/B: 17.1                           | \$3.00                               |         | \$3.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii) |
|    | Ellie II oli II ochedate Al D. 17.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit | 0.10.010(1)(0)(1)                       |
|    | Savings/ Checking: Whatcom<br>Educational Credit Union ending in                     | \$16.00                              |         | \$16.00   | Wash. Rev. Code §<br>6.15.010(1)(d)(ii) |
|    | 4327 Line from Schedule A/B: 17.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit | 0.10.010(1)(0)(0)                       |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every 3 | . ,                                  |         | led on or after the date of adjustmer                           | nt.)                                    |
|    | ☐ Yes. Did you acquire the property covere   | ed by the exemption wi               | ithin 1 | ,215 days before you filed this case                            | ?                                       |
|    | □ No<br>□ Yes  |                                      |         |   |   |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| Fill in this informa  | ation to identify you                                 | r case:   |  |  |                                      |
|---|---|---|--|--|--------------------------------------|
| Debtor 1  | Jeffrey Austin R                                      | itucci  |  |  |                                      |
|   | First Name  | Middle Name Last Name   |  |  |                                      |
| Debtor 2<br>(Spouse if, filing)                                 | First Name  | Middle Name Last Name   |  |  |                                      |
| United States Banl  | kruptcy Court for the:                                | WESTERN DISTRICT OF WASHINGTON  | N .  |  |                                      |
| Case number   |   |   |  | _  | cif this is an<br>ded filing         |
| Official Form   |   |   |  |  |                                      |
| Schedule [  | D: Creditors  | Who Have Claims Secur   | ed by Propert  | У  | 12/15                                |
| Be as complete and a is needed, copy the and number (if known). | accurate as possible. I<br>Additional Page, fill it c | f two married people are filing together, both are<br>out, number the entries, and attach it to this form | equally responsible for su<br>. On the top of any addition | upplying correct information in a second i | ation. If more space<br>ime and case |
| 1. Do any creditors h   | ave claims secured by                                 | your property?  |  |  |                                      |
| ☐ No. Check t   | this box and submit th                                | nis form to the court with your other schedules   | . You have nothing else t                                  | o report on this form.   |                                      |
| Yes Fill in a   | all of the information b                              | nelow .   | -  | ·  |                                      |
|   | Secured Claims  |   |  |  |                                      |
|   |   | nore than one secured claim, list the creditor separa   | Column A   | Column B   | Column C                             |
| for each claim. If mo   | re than one creditor has                              | a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.     |  | Value of collateral that supports this claim   | Unsecured portion If any             |
| 2.1 Credit Acco   | eptance Corp.   | Describe the property that secures the claim:   | \$17,910.26  | \$15,000.00  | \$2,910.26                           |
| Creditor's Name   |   | 2008 Ford F-350 147,000 miles<br>Location: 8635 Blaine Road, Blaine<br>WA 98230                           |  |  |                                      |
| PO Box 50   | 70<br>MI 48066-5070                                   | As of the date you file, the claim is: Check all that apply.  | -  |  |                                      |
|   | City, State & Zip Code                                | ☐ Contingent ☐ Unliquidated   |  |  |                                      |
| Who owes the deb  |   | ☐ Disputed  Nature of lien. Check all that apply.   |  |  |                                      |
| ■ Debtor 1 only □ Debtor 2 only                                 |   | An agreement you made (such as mortgage or car loan)  | secured  |  |                                      |
| ☐ Debtor 1 and Deb  | otor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien   | )  |  |                                      |
| _   | e debtors and another                                 | ☐ Judgment lien from a lawsuit  |  |  |                                      |
| Check if this clai  |   | Other (including a right to offset) Purchas   | e Money Security   |  |                                      |

0689

Last 4 digits of account number

Date debt was incurred \_5/2024

| Debtor 1 <b>Jeffrey Austin Ritucci</b>                                |   | Case number (if known)         |                             |           |
|---|---|--------------------------------|-----------------------------|-----------|
| First Name Middle N   | lame Last Name  |                                |                             |           |
| 2.2 Freedom Road Financial  | Describe the property that secures the claim:                                     | \$3,000.00                     | \$4,000.00                  | \$0.00    |
| Creditor's Name   | 2021 Kawasaki V650 13,000 miles<br>Location: 8635 Blaine Road, Blaine<br>WA 98230 |                                |                             |           |
| 1515 W 22nd Street, Ste<br>100W                                       | As of the date you file, the claim is: Check all that apply.                      |                                |                             |           |
| Oak Brook, IL 60523   | Contingent  |                                |                             |           |
| Number, Street, City, State & Zip Code                                | ☐ Unliquidated  |                                |                             |           |
|   | ☐ Disputed  |                                |                             |           |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                                |                             |           |
| ■ Debtor 1 only   | An agreement you made (such as mortgage or s<br>car loan)                         | secured                        |                             |           |
| Debtor 2 only   | Cai loaii)  |                                |                             |           |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)                                |                                |                             |           |
| At least one of the debtors and another                               | ☐ Judgment lien from a lawsuit  |                                |                             |           |
| ☐ Check if this claim relates to a community debt                     | Other (including a right to offset)  Purchase                                     | Money Security                 |                             |           |
| Date debt was incurred 2022   | Last 4 digits of account number   |                                |                             |           |
| 2.3 Lakeview Loan Care  | Describe the property that secures the claim:                                     | \$328,377.47                   | \$440,000.00                | \$0.00    |
| Creditor's Name   | 8635 Blaine Road Blaine, WA 98230 Whatcom County                                  |                                |                             |           |
| PO Box 8068<br>Virginia Beach, VA 23450                               | As of the date you file, the claim is: Check all that apply.  Contingent          |                                |                             |           |
| Number, Street, City, State & Zip Code                                | ☐ Unliquidated  |                                |                             |           |
|   | ☐ Disputed  |                                |                             |           |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                                |                             |           |
| ■ Debtor 1 only   | ☐ An agreement you made (such as mortgage or s                                    | secured                        |                             |           |
| ☐ Debtor 2 only   | car loan)   |                                |                             |           |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)                              |                                |                             |           |
| ☐ At least one of the debtors and another                             | ☐ Judgment lien from a lawsuit  |                                |                             |           |
| ☐ Check if this claim relates to a community debt                     | Other (including a right to offset) Deed of 1                                     | Γrust                          |                             |           |
| Date debt was incurred 5/2021   | Last 4 digits of account number 7763  | <u> </u>                       |                             |           |
|   |   |                                |                             |           |
| Add the dollar value of your entries in C                             | Column A on this page. Write that number here:                                    | \$349,287                      | 73                          |           |
| If this is the last page of your form, add<br>Write that number here: | · •   | \$349,287                      |                             |           |
| Part 2: List Others to Be Notified for                                | or a Debt That You Already Listed   |                                |                             |           |
|   | pe notified about your bankruptcy for a debt that yo                              | ou already listed in Part 1. F | or example, if a collection | agency is |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Fil                        | l in this inform   | ation to identify your o   | case:   |  |  |   |   |  |  |                  |
|----------------------------|--|--|---|--|--|---|---|--|--|------------------|
| De                         | ebtor 1  | Jeffrey Austin Rit   | ucci<br>Middle Na                                     | ame  | Last Nam   | Δ                                       |   |  |  |                  |
| De                         | ebtor 2  | riistivaine  | Wildale 146   | une  | Lastivani  | 5                                       |   |  |  |                  |
| (Sp                        | ouse if, filing)   | First Name   | Middle Na   | ime  | Last Nam   | е                                       |   |  |  |                  |
| Ur                         | nited States Ban   | kruptcy Court for the:   | WESTERN I   | DISTRICT OF V  | VASHINGTO  | N                                       |   |  |  |                  |
|                            | ase number   |  |   | -  |  |   |   | _  | if this is an<br>ed filing                 | l                |
| Sc                         |  | 106E/F (F: Creditors Water as possible. Us   |   |  |  |   | or creditors with NON   | IPRIORITY claims. Li   | 12/15                                      | -                |
| any<br>Sch<br>Sch<br>left. | executory contri<br>ledule G: Execute<br>ledule D: Credito | acts or unexpired leases<br>ory Contracts and Unexpi<br>rs Who Have Claims Section<br>inuation Page to this pag            | that could resu<br>ired Leases (Of<br>ured by Propert | It in a claim. Als<br>ficial Form 106G<br>y. If more space | o list executo<br>). Do not incluis<br>is needed, co | ry contrac<br>ide any cre<br>py the Par | ts on Schedule A/B: Inditions with partially so<br>the you need, fill it out, | Property (Official For<br>secured claims that a<br>number the entries in | m 106A/B) a<br>re listed in<br>1 the boxes | and on<br>on the |
| Pa                         | rt 1: List All   | of Your PRIORITY Un  | secured Clair   | ns   |  |   |   |  |  |                  |
| 1.                         | Do any creditor  | s have priority unsecured  | d claims agains                                       | t you?   |  |   |   |  |  |                  |
|                            | ☐ No. Go to Pa   | rt 2.  |   |  |  |   |   |  |  |                  |
|                            | Yes.   |  |   |  |  |   |   |  |  |                  |
| 2.                         | identify what type<br>possible, list the                   | priority unsecured claims<br>e of claim it is. If a claim ha<br>claims in alphabetical orde<br>nan one creditor holds a pa | s both priority ar<br>er according to th              | nd nonpriority amo   | ounts, list that on. If you have n                   | claim here a                            | nd show both priority a   | and nonpriority amount   | ts. As much                                | as               |
|                            |  | ion of each type of claim, s   |   |  |  | booklet.)                               |   |  |  |                  |
|                            | (, -, -, -, -, -, -, -, -, -, -, -, -, -,                  | , -  |   |  |  |   | Total claim   | Priority amount  | Nonpriorit amount                          | ty               |
| 2.1                        | Internal   | Revenue Service  | La  | st 4 digits of acc   | ount number  | 0875                                    | \$13,000.00   | \$13,000.00  |  | \$0.00           |
|                            | •  | ditor's Name<br>zed Insolvency Ope<br>z 7346   | r. Wi   | nen was the debt   | t incurred?  | 2021-20                                 | )22   | -  |  |                  |
|                            |  | phia, PA 19101-7346  | 3   |  |  |   |   |  |  |                  |
|                            |  | eet City State Zip Code  |   | of the date you  | file, the claim                                      | is: Check a                             | all that apply  |  |  |                  |
|                            | Who incurred   | the debt? Check one.   |   | Contingent   |  |   |   |  |  |                  |
|                            | Debtor 1 or  | ıly  |   | Unliquidated   |  |   |   |  |  |                  |
|                            | Debtor 2 on  | ıly  |   | Disputed   |  |   |   |  |  |                  |
|                            | Debtor 1 ar  | nd Debtor 2 only   |   | pe of PRIORITY   | unsecured cla  | nim:                                    |   |  |  |                  |
|                            |  | e of the debtors and anothe  | ,   | Domestic suppor  | rt obligations                                       |   |   |  |  |                  |
|                            |  | is claim is for a commun   |   | Taxes and certai   | n other debts v                                      | ou owe the                              | government  |  |  |                  |
|                            |  | ibject to offset?  | -   |  | -  |   | ou were intoxicated   |  |  |                  |
|                            | ■ No   | •  |   | Other. Specify   | 1 - 2  | ,                                       |   |  |  |                  |
|                            | ☐ Yes  |  | _   |  | Income tax   | (                                       |   |  |  |                  |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 8

| Debtor 1 Jeffrey Austin Ritucci  |   | Case number (if known)  |   |                                       |
|--|---|---|---|---------------------------------------|
| 2.2 Tiffany Ritucci  | Last 4 digits of account number   | \$0.00  | \$0.00  | \$0.00                                |
| Priority Creditor's Name  2231 Mountain Drive  Abbotsford, BC Canada V3GLE3  | When was the debt incurred?   |   |   |                                       |
| Number Street City State Zip Code  | As of the date you file, the claim is:  | Check all that apply  |   |                                       |
| Who incurred the debt? Check one.  | ☐ Contingent  |   |   |                                       |
| Debtor 1 only  | ☐ Unliquidated  |   |   |                                       |
| Debtor 2 only  | ☐ Disputed  |   |   |                                       |
| ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim  | :   |   |                                       |
| ☐ At least one of the debtors and another  | ■ Domestic support obligations  |   |   |                                       |
| ☐ Check if this claim is for a community debt  | ☐ Taxes and certain other debts you   | owe the government  |   |                                       |
| Is the claim subject to offset?  | Claims for death or personal injury   | while you were intoxicated  |   |                                       |
| ■ No   | ☐ Other. Specify  |   |   |                                       |
| Yes  | Debtor pays   | ongoing child support of<br>h. No arrears are owed.   |   |                                       |
| Part 2: List All of Your NONPRIORITY Unsections.  Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.   | ns against you?   | edules.   |   |                                       |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  | ns against you? this form to the court with your other sch e alphabetical order of the creditor who claim. For each claim listed, identify what   | o holds each claim. If a creditor has type of claim it is. Do not list claims al  | ready included in Par                                       | t 1. If more                          |
| B. Do any creditors have nonpriority unsecured clair  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other   | ns against you? this form to the court with your other sch e alphabetical order of the creditor who claim. For each claim listed, identify what   | o holds each claim. If a creditor has type of claim it is. Do not list claims al  | ready included in Par                                       | rt 1. If more<br>n Page of            |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.   | ns against you? this form to the court with your other sch e alphabetical order of the creditor who claim. For each claim listed, identify what   | o holds each claim. If a creditor has type of claim it is. Do not list claims al  | ready included in Par<br>Il out the Continuatio             | rt 1. If more<br>n Page of            |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department PO Box 981537   | this form to the court with your other sch<br>e alphabetical order of the creditor who<br>claim. For each claim listed, identify what<br>r creditors in Part 3.If you have more than  | o holds each claim. If a creditor has type of claim it is. Do not list claims al  | ready included in Par<br>Il out the Continuatio             | t 1. If more<br>n Page of<br>m        |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department  | ns against you? this form to the court with your other schealphabetical order of the creditor who claim. For each claim listed, identify what r creditors in Part 3.If you have more than   | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  | ready included in Par<br>Il out the Continuatio             | t 1. If more<br>n Page of<br>m        |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department PO Box 981537  El Paso, TX 79998-1537  Number Street City State Zip Code  | this form to the court with your other sche alphabetical order of the creditor who claim. For each claim listed, identify what r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  | ready included in Par<br>Il out the Continuatio             | t 1. If more<br>n Page of<br>m        |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 981537 El Paso, TX 79998-1537 Number Street City State Zip Code Who incurred the debt? Check one.  | this form to the court with your other sche alphabetical order of the creditor who claim. For each claim listed, identify what recreditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim  | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  | ready included in Par<br>Il out the Continuatio             | t 1. If more<br>n Page of<br>m        |
| American Express Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 981537 EI Paso, TX 79998-1537 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only  | this form to the court with your other sche alphabetical order of the creditor who claim. For each claim listed, identify what r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent   | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  | ready included in Par<br>Il out the Continuatio             | t 1. If more<br>n Page of<br>m        |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department  PO Box 981537  El Paso, TX 79998-1537  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only   | this form to the court with your other sche alphabetical order of the creditor wholaim. For each claim listed, identify what r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated  | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  2019  is: Check all that apply  | ready included in Par<br>Il out the Continuatio             | t 1. Íf more<br>n Page of<br><b>m</b> |
| B. Do any creditors have nonpriority unsecured clair  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department  PO Box 981537  El Paso, TX 79998-1537  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  | this form to the court with your other sche alphabetical order of the creditor who claim. For each claim listed, identify what r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed   | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  2019  is: Check all that apply  | ready included in Par<br>Il out the Continuatio             | t 1. If more<br>n Page of<br>m        |
| B. Do any creditors have nonpriority unsecured clair  \[ \begin{align*}     \text{No. You have nothing to report in this part. Submit }     \text{Yes.} \]  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department  PO Box 981537  El Paso, TX 79998-1537  Number Street City State Zip Code  Who incurred the debt? Check one.  \[ \begin{align*}     Debtor 1 only     \text{Debtor 2 only}     \text{Debtor 1 and Debtor 2 only}     \text{Debtor 3 and another} \end{align*}  At least one of the debtors and another | this form to the court with your other sche alphabetical order of the creditor whelaim. For each claim listed, identify what reditors in Part 3.If you have more than Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans   | o holds each claim. If a creditor has type of claim it is. Do not list claims al n three nonpriority unsecured claims fi  2019  is: Check all that apply  | ready included in Pai<br>Il out the Continuatio  Total clai | t 1. Íf more<br>n Page of<br><b>m</b> |
| B. Do any creditors have nonpriority unsecured clair  \[ \begin{align*}     \text{No. You have nothing to report in this part. Submit }     \text{Yes.} \]  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.  American Express  Nonpriority Creditor's Name  Attn: Bankruptcy Department  PO Box 981537  El Paso, TX 79998-1537  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt   | this form to the court with your other sche alphabetical order of the creditor whe claim. For each claim listed, identify what r creditors in Part 3.If you have more than Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separation. | o holds each claim. If a creditor has type of claim it is. Do not list claims all nathree nonpriority unsecured claims find three nonpriority unsecured claims. | ready included in Pai<br>Il out the Continuatio  Total clai | t 1. Íf more<br>n Page of<br><b>m</b> |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 8

| or 1 Jeffrey Austin Ritucci  | Case number (if known)  |         |
|--|---|---------|
| American Express   | Last 4 digits of account number   | \$418.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 981537 EI Paso. TX 79998-1537 | When was the debt incurred? 2021  |         |
| Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply   |         |
| ■ Debtor 1 only  | ☐ Contingent  |         |
| Debtor 2 only  | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only   | □ Disputed  |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community   | ☐ Student loans   |         |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |         |
| Yes  | Other. Specify Credit account   |         |
| Capital One Bank USA  Nonpriority Creditor's Name  | Last 4 digits of account number   | \$476.0 |
| PO Box 31293<br>Salt Lake City, UT 84131-1293  | When was the debt incurred? 2015  |         |
| Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply   |         |
| Debtor 1 only  | ☐ Contingent  |         |
| Debtor 2 only  | ☐ Unliquidated  |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not         |         |
| Is the claim subject to offset?  | report as priority claims   |         |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| ☐ Yes  | Other. Specify Credit account   |         |
| Capital One/Kohl's  Nonpriority Creditor's Name  | Last 4 digits of account number   | \$276.0 |
| PO Box 3115 Milwaukee, WI 53201-3115   | When was the debt incurred? 2011  |         |
| Number Street City State Zip Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply   |         |
| Debtor 1 only  | ☐ Contingent  |         |
| Debtor 2 only  | ☐ Unliquidated  |         |
| ☐ Debtor 1 and Debtor 2 only   | Disputed  |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community   | Student loans   |         |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| No   | Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| ☐ Yes  | ■ Other. Specify Credit account   |         |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Jeffrey Austin Ritucci  | Case number (if known)  |             |  |  |  |  |
|---|---|-------------|--|--|--|--|
| Discover Bank   | Last 4 digits of account number   | \$2,949.00  |  |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 30939 Self Lake City, LIT 84130,0030 | When was the debt incurred? 2022  |             |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                                | As of the date you file, the claim is: Check all that apply   |             |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |             |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |             |  |  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |  |  |  |  |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |             |  |  |  |  |
| debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |  |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |             |  |  |  |  |
| Yes   | Other. Specify Credit account   |             |  |  |  |  |
| Navy Federal Credit Union Nonpriority Creditor's Name   | Last 4 digits of account number   | \$9,787.00  |  |  |  |  |
| P.O. Box 3700<br>Merrifield, VA 22119-3500  | When was the debt incurred? 11/2023   |             |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                                | As of the date you file, the claim is: Check all that apply   |             |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |             |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:  |             |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  |   |             |  |  |  |  |
| ☐ At least one of the debtors and another   |   |             |  |  |  |  |
| ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not         |             |  |  |  |  |
| Is the claim subject to offset?   | report as priority claims   |             |  |  |  |  |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |             |  |  |  |  |
| Yes   | ■ Other. Specify Credit account   |             |  |  |  |  |
| Navy Federal Credit Union Nonpriority Creditor's Name   | Last 4 digits of account number   | \$18,606.00 |  |  |  |  |
| P.O. Box 3700<br>Merrifield, VA 22119-3700  | When was the debt incurred? 2022  |             |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                                | As of the date you file, the claim is: Check all that apply   |             |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |             |  |  |  |  |
| ☐ Debtor 2 only   | Debtor 2 only ☐ Unliquidated  |             |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |  |  |  |  |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |  |
| ☐ Check if this claim is for a community  |   |             |  |  |  |  |
| debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |  |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |             |  |  |  |  |
| Yes   | ■ Other. Specify Credit account   |             |  |  |  |  |

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

| Debt     | Jeffrey Austin Ritucci   | Case number (if known)   |             |  |  |  |  |
|----------|--|--|-------------|--|--|--|--|
| 4.8      | Pentagon Federal Credit Union  | Last 4 digits of account number  | \$7,527.00  |  |  |  |  |
|          | Nonpriority Creditor's Name P.O. Box 1432 Alexandria, VA 22313-1432        | When was the debt incurred?  |             |  |  |  |  |
|          | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |  |
|          | Who incurred the debt? Check one.  |  |             |  |  |  |  |
|          | Debtor 1 only  |  |             |  |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |             |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |  |  |  |
|          | $\square$ At least one of the debtors and another                          | Type of NONPRIORITY unsecured claim:   |             |  |  |  |  |
|          | ☐ Check if this claim is for a community                                   | ☐ Student loans  |             |  |  |  |  |
|          | debt Is the claim subject to offset?                                       | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |  |  |  |  |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                |             |  |  |  |  |
|          | Yes  | Other. Specify Credit account  |             |  |  |  |  |
| 4.9      | Pentagon Federal Credit Union Nonpriority Creditor's Name                  | Last 4 digits of account number  | \$919.00    |  |  |  |  |
|          | P.O. Box 1432<br>Alexandria, VA 22313                                      | When was the debt incurred? 2020   |             |  |  |  |  |
|          | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |  |
|          | Who incurred the debt? Check one.  |  |             |  |  |  |  |
|          | Debtor 1 only  | ☐ Contingent   |             |  |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |             |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |  |  |  |
|          | $\square$ At least one of the debtors and another                          | Type of NONPRIORITY unsecured claim:   |             |  |  |  |  |
|          | Check if this claim is for a community                                     | Student loans  |             |  |  |  |  |
|          | debt Is the claim subject to offset?                                       | Obligations arising out of a separation agreement or divorce that you did not<br>report as priority claims |             |  |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |             |  |  |  |  |
|          | Yes  | ■ Other. Specify Credit account  |             |  |  |  |  |
| 4.1<br>0 | Puget Sound Cooperative CU   | Last 4 digits of account number  | \$18,000.00 |  |  |  |  |
|          | Nonpriority Creditor's Name<br>600 108th Ave NE<br>Bellevue, WA 98004-5129 | When was the debt incurred?  |             |  |  |  |  |
|          | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |  |
|          | Who incurred the debt? Check one.  |  |             |  |  |  |  |
|          | Debtor 1 only  |  |             |  |  |  |  |
|          | ☐ Debtor 2 only  |  |             |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |  |  |  |
|          | $\square$ At least one of the debtors and another                          | Type of NONPRIORITY unsecured claim:   |             |  |  |  |  |
|          | ☐ Check if this claim is for a community                                   | ☐ Student loans  |             |  |  |  |  |
|          | debt<br>Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |  |  |  |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |  |  |  |  |
|          | ☐ Yes  | ■ Other. Specify HVAC loan   |             |  |  |  |  |

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

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| Jeffrey Austin Ritucci   |  |             |
|--|--|-------------|
| SYNCB/ Amazon  | Last 4 digits of account number  | \$2,910.0   |
| Nonpriority Creditor's Name<br>PO Box 71737<br>Philadelphia, PA 19176-1737 | When was the debt incurred?  |             |
| Number Street City State Zip Code  Who incurred the debt? Check one.       | As of the date you file, the claim is: Check all that apply  |             |
| Debtor 1 only  | ☐ Contingent   |             |
| Debtor 2 only  | ☐ Unliquidated   |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
| ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:   |             |
| ☐ Check if this claim is for a community                                   | ☐ Student loans  |             |
| debt<br>Is the claim subject to offset?                                    | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |             |
| Yes  | Other. Specify Credit account  |             |
| SYNCB/ Paypal  | Last 4 digits of account number  | \$556.0     |
| Nonpriority Creditor's Name<br>PO Box 71727<br>Philadelphia, PA 19176-1727 | When was the debt incurred?  |             |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |             |
| Who incurred the debt? Check one.  |  |             |
| Debtor 1 only  | ☐ Contingent   |             |
| Debtor 2 only  | ☐ Unliquidated   |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
| At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:   |             |
| ☐ Check if this claim is for a community                                   | Student loans  |             |
| debt<br>Is the claim subject to offset?                                    | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                 |             |
| ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts  |             |
| ☐ Yes  | Other. Specify Credit account  |             |
| SYNCB/Verizon  | Last 4 digits of account number  | \$270.0     |
| Nonpriority Creditor's Name  |  | <del></del> |
| PO Box 71737   | When was the debt incurred?  |             |
| Philadelphia, PA 19176-1737  Number Street City State Zip Code             | As of the date you file, the claim is: Check all that apply  |             |
| Who incurred the debt? Check one.  | As of the date you me, the dam is. Oneon an that apply   |             |
| Debtor 1 only  | ☐ Contingent   |             |
| Debtor 2 only  | ☐ Unliquidated   |             |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
| ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:   |             |
| ☐ Check if this claim is for a community                                   | ☐ Student loans  |             |
| debt<br>Is the claim subject to offset?                                    | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |             |
| □ Yes  | ■ Other. Specify Credit account  |             |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1                           | Jeffrey A  | ustin Ritucci  |   | Case n     | umber (if known)                     |  |  |  |  |
|------------------------------------|--|--|---|------------|--------------------------------------|--|--|--|--|
| 4                                  | THD/CBNA   |  | Last 4 digits of account number   |            |                                      | \$2,843.00                                   |  |  |  |
|                                    | Nonpriority Cred 5800 South Sioux Falls                | Corporate Place  | rate Place When was the debt incurred? 2021   |            |                                      |  |  |  |  |
| ī                                  | Number Street  | City State Zip Code  | As of the date you file, the claim  |            |                                      |  |  |  |  |
| 1                                  | ■ Debtor 1 onl   | V  |   |            |                                      |  |  |  |  |
|                                    | Debtor 2 onl   | V  | ☐ Contingent ☐ Unliquidated   |            |                                      |  |  |  |  |
|                                    | _  | d Debtor 2 only  | ☐ Disputed  |            |                                      |  |  |  |  |
|                                    | _  | of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:   |                                      |  |  |  |  |
|                                    | _  | s claim is for a community   | ☐ Student loans   |            |                                      |  |  |  |  |
| •                                  | debt   | bject to offset?   | Obligations arising out of a separeport as priority claims  | aration aç | greement or divorce that you did not |  |  |  |  |
| I                                  | No   |  | Debts to pension or profit-sharing  | ng plans,  | and other similar debts              |  |  |  |  |
|                                    | ☐ Yes  |  | Other. Specify Credit acco  | ount       |                                      | _  |  |  |  |
| 4.1                                | USAA Saviı   | ngs Bank   | Last 4 digits of account number   |            |                                      | \$17,474.00                                  |  |  |  |
| <u> </u>                           | Nonpriority Cred                                       | ditor's Name   | -   |            |                                      |  |  |  |  |
|                                    | PO Box 330<br>San Antoni                               | 009<br>o, TX 78265   | When was the debt incurred?   |            |                                      | _  |  |  |  |
|                                    |  | City State Zip Code  | As of the date you file, the claim  | is: Checl  | k all that apply                     |  |  |  |  |
| '                                  | Who incurred t   | the debt? Check one.   |   |            |                                      |  |  |  |  |
|                                    | Debtor 1 onl   | ly   | ☐ Contingent  |            |                                      |  |  |  |  |
| I                                  | Debtor 2 onl   | ly   | ☐ Unliquidated  |            |                                      |  |  |  |  |
| ļ                                  | Debtor 1 and   | d Debtor 2 only  | ☐ Disputed  |            |                                      |  |  |  |  |
| I                                  | At least one   | of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |                                      |  |  |  |  |
|                                    |  | s claim is for a community   | Student loans   |            |                                      |  |  |  |  |
|                                    | debt<br>Is the claim su                                | bject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | aration aç | greement or divorce that you did not |  |  |  |  |
|                                    | ■ No   |  | Debts to pension or profit-sharing  | ng plans,  | and other similar debts              |  |  |  |  |
| [                                  | ☐ Yes  |  |   |            |                                      |  |  |  |  |
| Part 3:                            | ■ List Others  | s to Be Notified About a Debt                                      | That You Already Listed   |            |                                      | _  |  |  |  |
| 5. Use this<br>is trying<br>have m | s page only if y<br>g to collect fro<br>ore than one o | ou have others to be notified abomy you for a debt you owe to som  | out your bankruptcy, for a debt that eeone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page. | n Parts 1  | or 2, then list the collection agend | y here. Similarly, if you                    |  |  |  |
|                                    |  |  | s. This information is for statistical  | reporting  | purposes only. 28 U.S.C. §159. Ac    | Id the amounts for each                      |  |  |  |
| type of                            | unsecured cla  | im.  |   |            |                                      |  |  |  |  |
|                                    |  |  |   |            | Total Claim                          |  |  |  |  |
| Total claims                       | 6a.  | Domestic support obligations                                       |   | 6a.        | \$ 0.00                              | <u>)                                    </u> |  |  |  |
| from Part                          | t 1 6b.  | Taxes and certain other debts y                                    | ou owe the government   | 6b.        | \$ 13,000.00                         | )  |  |  |  |
|                                    | 6c.  | Claims for death or personal in                                    |   | 6c.        | \$ 0.00                              | _  |  |  |  |
|                                    | 6d.  | Other. Add all other priority unsec                                | cured claims. Write that amount here.   | 6d.        | \$                                   | <u>)                                    </u> |  |  |  |
|                                    | 6e.  | Total Priority. Add lines 6a throu                                 | gh 6d.  | 6e.        | \$ 13,000.00                         | <u>)                                    </u> |  |  |  |
|                                    |  |  |   |            | Total Claim                          |  |  |  |  |
|                                    | 6f.  | Student loans  |   | 6f.        | \$0.00                               | <u>)</u>                                     |  |  |  |
| Total claims                       |  |  |   |            |                                      |  |  |  |  |
| from Part                          | t <b>2</b> 6g.   | Obligations arising out of a sep you did not report as priority cl | paration agreement or divorce that  | 6g.        | \$ 0.00                              | )  |  |  |  |
|                                    | 6h.  |  | ing plans, and other similar debts  | 6h.        | \$                                   | _<br>_                                       |  |  |  |
|                                    |  |  |   |            |                                      |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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- Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. **Total Nonpriority.** Add lines 6f through 6i.

- 0.00 83,981.00
- 6j. \$ **83,981.00**

Schedule E/F: Creditors Who Have Unsecured Claims

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| Fill in this inform |                          |                    |               |  |                     |
|---------------------|--------------------------|--------------------|---------------|--|---------------------|
| Debtor 1            | Jeffrey Austin Rit       | ucci               |               |  |                     |
|                     | First Name               | Middle Name        | Last Name     |  |                     |
| Debtor 2            |                          |                    |               |  |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name     |  |                     |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT ( | OF WASHINGTON |  |                     |
| Case number         |                          |                    |               |  |                     |
| (if known)          |                          |                    |               |  | Check if this is an |
|                     |                          |                    |               |  | amended filing      |

### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          |   |
| 2.2 |           |             |                       |                   |   |
|     | Name      |             |                       |                   |   |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <del>_</del>                            |
| 2.3 |           |             |                       |                   |   |
| 0   | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          | _                                       |
| 2.4 | •         |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <del>_</del>                            |
| 2.5 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <u> </u>                                |
|     | ,         |             | 0.0.0                 |                   |   |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this info         | rmation to identify your                                 | case:  |                         |  |
|---------------------------|--|--|-------------------------|--|
| Debtor 1                  | Jeffrey Austin Ri  |  | Last Nama               |  |
| Debtor 2                  | First Name   | Middle Name  | Last Name               |  |
| (Spouse if, filing)       | First Name   | Middle Name  | Last Name               |  |
| United States E           | Bankruptcy Court for the:                                | WESTERN DISTRICT OF  | WASHINGTON              |  |
| •                         |  | -  |                         |  |
| Case number<br>(if known) |  |  |                         | ☐ Check if this is an  |
|                           |  |  |                         | amended filing   |
| عد: ما ت                  | 400LL  |  |                         |  |
|                           | orm 106H   |  |                         |  |
| Schedule                  | e H: Your Cod  | ebtors   |                         | 12/15  |
| our name and              | case number (if known                                    | boxes on the left. Attach to answer every question.  you are filing a joint case, do | _                       | o this page. On the top of any Additional Pages, write as a codebtor.  |
| ■ No                      |  |  |                         |  |
| ☐ Yes                     |  |  |                         |  |
| 2 Within t                | he last 8 years have you                                 | lived in a community pro   | nerty state or territor | y? (Community property states and territories include  |
|                           |  | Nevada, New Mexico, Puer   |                         |  |
| ☐ No. Go t                | to line 3  |  |                         |  |
| _                         |  | use, or legal equivalent live v  | with you at the time?   |  |
| — 100. Bio                | a your opouce, remier ope                                | aco, or logal oquivalent live t  | mar you at are arro.    |  |
| □N                        |  |  |                         |  |
| Y                         | es.  |  |                         |  |
|                           | In which community stat                                  | e or territory did you live?   | -NONE-                  | . Fill in the name and current address of that person.   |
|                           | Name of your spouse, former sp                           | ouse or legal equivalent   |                         |  |
|                           | Number, Street, City, State & Zip                        | Code   |                         |  |
| in line 2 ag              | gain as a codebtor only i<br>D), Schedule E/F (Officia   | f that person is a guaranto  | r or cosigner. Make     | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 6G). Use Schedule D, Schedule E/F, or Schedule G to fi |
|                           | mn 1: Your codebtor<br>Number, Street, City, State and Z | P Code   |                         | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                       |  |  |                         | ☐ Schedule D, line   |
| Name                      | ı  |  |                         | ☐ Schedule E/F, line   |
|                           |  |  |                         | ☐ Schedule G, line   |
| Numb                      | er Street  |  |                         | _  |
| City                      |  | State  | ZIP Code                |  |
|                           |  |  |                         |  |
| 3.2                       |  |  |                         | Schedule D, line   |
| Name                      |  |  |                         | ☐ Schedule E/F, line   |
|                           |  |  |                         | ☐ Schedule G, line   |
| Numb<br>City              | er Street  | State  | ZIP Code                |  |
| City                      |  | Gidio  | Zii Coue                |  |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| SHI         | in this information to identify your c  | 200:                        |   |           |       | 1                  |                             |  |          |
|-------------|---|-----------------------------|---|-----------|-------|--------------------|-----------------------------|--|----------|
|             | btor 1 Jeffrey Aust   |                             |   |           |       |                    |                             |  |          |
|             | btor 2  buse, if filing)  |                             |   |           |       |                    |                             |  |          |
| Uni         | ited States Bankruptcy Court for the  | : WESTERN DISTRIC           | T OF WASHINGTON                                     |           |       |                    |                             |  |          |
|             | se number<br>nown)  |                             | -   |           |       | ☐ A supp           | ended filing<br>lement show | wing postpetition<br>e following date: |          |
| 0           | fficial Form 106l   |                             |   |           |       | MM / D             | D/ YYYY                     |  |          |
| S           | chedule I: Your Inc   | ome                         |   |           |       |                    |                             |  | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment Fill in your employment | r spouse is not filing w    | ith you, do not inclu                               | ıde infor | mati  | on about you       | spouse. If                  | more space is                          | needed,  |
| ٠.          | information.  |                             | Debtor 1  |           |       |                    |                             | n-filing spouse                        |          |
|             | If you have more than one job, attach a separate page with information about additional   | Employment status           | <ul><li>☐ Employed</li><li>■ Not employed</li></ul> |           |       |                    | imployed<br>lot employe     | d                                      |          |
|             | employers.  Include part-time, seasonal, or self-employed work.   | Occupation  Employer's name | Disabled  |           |       |                    |                             |  |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address          |   |           |       |                    |                             |  |          |
|             |   | How long employed t         | here?   |           |       |                    |                             |  |          |
| Pai         | Give Details About Mor  | nthly Income                |   |           |       |                    |                             |  |          |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If  | you have nothing to r                               | eport for | any   | line, write \$0 ir | the space.                  | Include your no                        | n-filing |
|             | ou or your non-filing spouse have more space, attach a separate sheet to  |                             | ombine the informatio                               | n for all | emplo | oyers for that p   | erson on th                 | e lines below. If                      | you need |
|             |   |                             |   |           |       | For Debtor 1       |                             | Debtor 2 or<br>-filing spouse          |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                             |   | 2.        | \$    | 0.                 | 00 \$                       | N/A                                    | -        |
| 3.          | Estimate and list monthly overt   | ime pay.                    |   | 3.        | +\$   | 0.                 | <u>00    </u> +\$   .       | N/A                                    | -        |
| 4.          | Calculate gross Income. Add lin   | ne 2 + line 3.              |   | 4.        | \$    | 0.00               | \$                          | N/A                                    |          |

13. Do you expect an increase or decrease within the year after you file this form?

applies

Yes. Explain:

3,870.59

Combined monthly income

12.

|            |                          |                                     |                   |   |   | 1                                      |  |  |
|------------|--------------------------|-------------------------------------|-------------------|---|---|--|--|--|
| Fill       | in this informa          | tion to identify yo                 | our case:         |   |   |  |  |  |
| Deb        | otor 1                   | Jeffrey Austi                       | in Ritucc         | i   |   | Che                                    | eck if this is:                          |  |
|            |                          |                                     |                   |   |   |  | An amended filing                        |  |
|            | otor 2                   |                                     |                   |   |   |  |  | wing postpetition chapter                              |
| (Spo       | ouse, if filing)         |                                     |                   |   |   |  | 13 expenses as of                        | the following date:                                    |
| Unit       | ed States Bankr          | uptcy Court for the                 | : WESTE           | ERN DISTRICT OF WASI                              | HINGTON                                 |  | MM / DD / YYYY                           |  |
| Cas        | e number                 |                                     |                   |   |   |  |  |  |
| (If k      | nown)                    |                                     |                   |   |   |  |  |  |
| O          | fficial Fo               | rm 106J                             |                   |   |   |  |  |  |
| S          | chedule                  | J: Your l                           | Exner             | 1999  |   |  |  | 12/1   |
|            |                          |                                     |                   | . If two married people a                         | are filing together, be                 | oth are equ                            | ually responsible fo                     |  |
|            |                          | ore space is ne<br>n). Answer ever  |                   | ich another sheet to this<br>n.                   | s form. On the top of                   | any addit                              | ional pages, write y                     | your name and case                                     |
| Par        | t 1: Descr               | ibe Your House                      | hold              |   |   |  |  |  |
| 1.         | Is this a joir           |                                     |                   |   |   |  |  |  |
|            | ■ No. Go to              | line 2.                             |                   |   |   |  |  |  |
|            |                          |                                     | in a separ        | ate household?                                    |   |  |  |  |
|            | □ N                      |                                     |                   |   |   |  |  |  |
|            |                          |                                     | st file Offici    | al Form 106J-2, Expense                           | s for Separate House                    | ehold of Del                           | btor 2.                                  |  |
|            |                          |                                     |                   | αι το του Σ, <i>Επροπ</i> ου                      | o for coparate fredo                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | J. J |  |
| 2.         | Do you have              | e dependents?                       | ☐ No              |   |   |  |  |  |
|            | Do not list Do Debtor 2. | ebtor 1 and                         | Yes.              | Fill out this information for each dependent      | Dependent's relation Debtor 1 or Debtor |  | Dependent's age                          | Does dependent live with you?                          |
|            | Do not state             | the                                 |                   |   |   |  |  | ■ No   |
|            | dependents               |                                     |                   |   | Son                                     |  | 8  | ☐ Yes  |
|            | •                        |                                     |                   |   |   |  |  | □ No   |
|            |                          |                                     |                   |   |   |  |  | ☐ Yes  |
|            |                          |                                     |                   |   | -                                       |  |  | □ No   |
|            |                          |                                     |                   |   |   |  |  | ☐ Yes  |
|            |                          |                                     |                   |   |   |  |  | □ No   |
|            |                          |                                     |                   |   |   |  |  | ☐ Yes  |
| 3.         | Do your exp              | enses include                       | _                 | No  |   |  |  | <b>—</b> 103   |
|            | expenses of              | f people other tl                   | han $_{m \sqcap}$ | Yes   |   |  |  |  |
|            | yourself and             | d your depende                      | nts? ⊔            | res   |   |  |  |  |
| Par        | t 2: Estim               | ate Your Ongoi                      | na Month          | lv Expenses                                       |   |  |  |  |
| Est<br>exp | imate your ex            | cpenses as of yo                    | our bankr         | uptcy filing date unless                          |   |  |  | apter 13 case to report<br>of the form and fill in the |
| le s       | luda assass              | o moid for with a                   | non cool          |   | If you long                             |  |  |  |
|            |                          |                                     |                   | government assistance<br>cluded it on Schedule I: |   |  |  |  |
|            | ficial Form 10           |                                     |                   |   |   |  | Your exp                                 | enses  |
|            |                          |                                     |                   |   |   |  |  |  |
| 4.         |                          | or home owners and any rent for the |                   | ses for your residence.                           | Include first mortgage                  | e<br>4.                                | \$                                       | 1,872.00   |
|            | . ,                      | led in line 4:                      | e ground c        | 1101.   |   |  |  | <u>·</u>   |
|            |                          |                                     |                   |   |   | _                                      | •  |  |
|            |                          | estate taxes                        | 0,000             | o incurorse                                       |   | 4a.                                    | ·  | 0.00   |
|            |                          | rty, homeowner's                    |                   |   |   | 4b.                                    | · ———                                    | 0.00   |
|            |                          | maintenance, re<br>owner's associat | •                 | upkeep expenses                                   |   | 4c.<br>4d.                             | \$<br>                                   | 100.00<br>0.00   |
| 5.         |                          |                                     |                   | our residence, such as h                          | ome equity loans                        | 4u.<br>5.                              | ·  | 0.00   |
|            |                          |                                     | · J               |   |   |  |  | V1VV   |

| Debtor 1 | Jeffrey Austin Ritucci  | Case num | ber (if known) |                          |
|----------|---|----------|----------------|--------------------------|
| . Uti    | ities:  |          |                |                          |
| 6a.      | Electricity, heat, natural gas  | 6a.      | \$             | 225.00                   |
| 6b.      | Water, sewer, garbage collection  | 6b.      | \$             | 95.00                    |
| 6c.      | Telephone, cell phone, Internet, satellite, and cable services  | 6c.      | \$             | 145.00                   |
| 6d.      | Other. Specify:   | 6d.      | \$             | 0.00                     |
| Foo      | od and housekeeping supplies  |          | \$             | 400.00                   |
| Ch       | Idcare and children's education costs   | 8.       | \$             | 0.00                     |
| Clo      | thing, laundry, and dry cleaning  | 9.       | \$             | 75.00                    |
|          | sonal care products and services  | 10.      | \$             | 20.00                    |
|          | dical and dental expenses   | 11.      | \$             | 50.00                    |
|          | nsportation. Include gas, maintenance, bus or train fare.   |          |                |                          |
|          | not include car payments.   | 12.      | \$             | 325.00                   |
| 3. Ent   | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$             | 85.00                    |
| . Ch     | aritable contributions and religious donations  | 14.      | \$             | 0.00                     |
| i. Ins   | urance.   |          |                |                          |
|          | not include insurance deducted from your pay or included in lines 4 or 20.  |          |                |                          |
|          | . Life insurance  | 15a.     | ·              | 0.00                     |
| 15b      | . Health insurance  | 15b.     | \$             | 0.00                     |
| 150      | . Vehicle insurance   | 15c.     | \$             | 200.00                   |
|          | . Other insurance. Specify:   | 15d.     | \$             | 0.00                     |
|          | es. Do not include taxes deducted from your pay or included in lines 4 or 20.   |          |                |                          |
|          | cify:   | 16.      | \$             | 0.00                     |
|          | allment or lease payments:  |          |                |                          |
|          | . Car payments for Vehicle 1  | 17a.     | · · ·          | 511.00                   |
|          | . Car payments for Vehicle 2  | 17b.     | \$             | 0.00                     |
| 170      | . Other. Specify:   | 17c.     | \$             | 0.00                     |
| 170      | . Other. Specify:   | 17d.     | \$             | 0.00                     |
|          | r payments of alimony, maintenance, and support that you did not report as  |          | Φ.             | 700.00                   |
| ded      | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.      | · .            | 700.00                   |
|          | er payments you make to support others who do not live with you.  |          | \$             | 0.00                     |
|          | cify:   | 19.      | _              |                          |
|          | er real property expenses not included in lines 4 or 5 of this form or on Sched   |          |                |                          |
|          | . Mortgages on other property   | 20a.     |                | 0.00                     |
|          | . Real estate taxes   | 20b.     | ·              | 0.00                     |
|          | Property, homeowner's, or renter's insurance  | 20c.     | · · ·          | 0.00                     |
|          | . Maintenance, repair, and upkeep expenses  | 20d.     | ·              | 0.00                     |
|          | . Homeowner's association or condominium dues   | 20e.     | \$             | 0.00                     |
| . Oth    | er: Specify:  | 21.      | +\$            | 0.00                     |
| ) Cal    | culate your monthly expenses  |          |                |                          |
|          | . Add lines 4 through 21.   |          | \$             | 4.803.00                 |
|          | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$             | 4,003.00                 |
|          |   |          | I .            | 4 000 00                 |
| 220      | . Add line 22a and 22b. The result is your monthly expenses.  |          | \$             | 4,803.00                 |
| 3. Cal   | culate your monthly net income.   |          | L              |                          |
|          | . Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$             | 3,870.59                 |
|          | . Copy your monthly expenses from line 22c above.   | 23b.     |                | 4,803.00                 |
| _5.      |   |          | ·              | <del>-,,000.00</del>     |
| 230      | . Subtract your monthly expenses from your monthly income.  |          |                |                          |
| _50      | The result is your <i>monthly net income</i> .  | 23c.     | \$             | -932.41                  |
| For      | you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your nification to the terms of your mortgage? |          |                | or decrease because of a |
|          | No  |          |                |                          |
|          | Yes. Explain here:  |          |                |                          |

| =::: 41                   |   |                           |                             |                                    |                      |
|---------------------------|---|---------------------------|-----------------------------|------------------------------------|----------------------|
| Fill in th                | is information to identify your                   | case:                     |                             |                                    |                      |
| Debtor 1                  | Jeffrey Austin Ri                                 |                           |                             |                                    |                      |
| D - l- ( 0                | First Name  | Middle Name               | Last Name                   |                                    |                      |
| Debtor 2<br>(Spouse if, f |   | Middle Name               | Last Name                   |                                    |                      |
|                           |   | WESTERN DISTRICT          |                             |                                    |                      |
| United St                 | tates Bankruptcy Court for the:                   | WESTERN DISTRICT (        | OF WASHINGTON               |                                    |                      |
| Case nur                  | mber  |                           |                             |                                    |                      |
| (if known)                |   |                           |                             | ☐ Ch                               | eck if this is an    |
|                           |   |                           |                             | am                                 | ended filing         |
|                           |   |                           |                             |                                    |                      |
| Officia                   | Learm 106Dag                                      |                           |                             |                                    |                      |
|                           | I Form 106Dec                                     |                           |                             |                                    |                      |
| Decl                      | aration About a                                   | an Individual             | Debtor's Sci                | nedules                            | 12/15                |
|                           |   |                           |                             |                                    |                      |
| If two ma                 | rried people are filing togethe                   | r, both are equally respo | nsible for supplying corre  | ect information.                   |                      |
| You must                  | t file this form whenever you f                   | ile bankruptcy schedules  | or amended schedules.       | Making a false statement, concea   | aling property, or   |
|                           |   |                           | ruptcy case can result in   | fines up to \$250,000, or imprisor | nment for up to 20   |
| years, or                 | both. 18 U.S.C. §§ 152, 1341,                     | 1519, and 3571.           |                             |                                    |                      |
|                           |   |                           |                             |                                    |                      |
|                           | Sign Below  |                           |                             |                                    |                      |
|                           |   |                           |                             |                                    |                      |
| Did                       | you pay or agree to pay some                      | eone who is NOT an attor  | ney to help you fill out ba | ankruptcy forms?                   |                      |
|                           |   |                           |                             |                                    |                      |
|                           | No  |                           |                             |                                    |                      |
| П                         | Yes. Name of person                               |                           |                             | Attach Bankruptcy Petition         | n Preparer's Notice, |
| _                         | · —   |                           |                             | Declaration, and Signature         |                      |
|                           |   |                           |                             |                                    |                      |
| Unde                      | er penalty of perjury, I declare                  | that I have read the sum  | mary and schedules filed    | with this declaration and          |                      |
|                           | they are true and correct.                        |                           | ,                           |                                    |                      |
| v                         | lal laffuer Arratin Ditrock                       |                           | v                           |                                    |                      |
|                           | /s/ Jeffrey Austin Ritucci Jeffrey Austin Ritucci |                           | X<br>Signature of D         | Jehtor 2                           |                      |
|                           | Signature of Debtor 1                             |                           | Signature of L              | JEDIOI Z                           |                      |
|                           | <b>5</b>  |                           |                             |                                    |                      |
|                           | Date October 16, 2024                             |                           | Date                        |                                    |                      |
|                           |   |                           |                             |                                    |                      |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

| Fill              | l in this inforn                              | nation to identify you                         | r case:                                    |   |  |   |
|-------------------|---|--|--|---|--|---|
| De                | btor 1  | Jeffrey Austin R                               | Middle Name                                | Last Name   |  |   |
|                   | btor 2<br>ouse if, filing)                    | First Name                                     | Middle Name                                | Last Name   |  |   |
| Un                | ited States Bar                               | nkruptcy Court for the:                        | WESTERN DISTRICT OF                        | WASHINGTON  |  |   |
| Ca                | se number                                     |  |  |   |  |   |
|                   | nown)   |  |  |   |  | Check if this is an amended filing                    |
| St                |   | of Financial                                   | Affairs for Indivic                        |   | ankruptcy  | 04/22   |
| info              | rmation. If m                                 |  | attach a separate sheet to                 |   | y additional pages, write you                                  |   |
|                   |   |  | arital Status and Where You                | Lived Before  |  |   |
| 1.                | wnat is you                                   | r current marital statu                        | IS ?                                       |   |  |   |
|                   | <ul><li>☐ Married</li><li>■ Not mar</li></ul> | riad   |  |   |  |   |
| _                 |   |  |  |   |  |   |
| 2.                | During the la                                 | ast 3 years, have you                          | lived anywhere other than                  | where you live now?                                   |  |   |
|                   | ■ No □ Yes. Lis                               | t all of the places you l                      | ived in the last 3 years. Do no            | ot include where you live now                         | ı.   |   |
|                   | Debtor 1:                                     |  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ac                                     | ldress:  | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat |   |  |  |   | ity property state or territor<br>ico, Texas, Washington and V |   |
|                   | □ No  |  |  |   |  |   |
|                   |   | ake sure you fill out <i>Scl</i>               | hedule H: Your Codebtors (Ot               | fficial Form 106H).                                   |  |   |
| Pa                | rt 2 Explai                                   | n the Sources of You                           | ır Income                                  |   |  |   |
| 4.                | Did you have                                  | e any income from en<br>al amount of income yo |  | all businesses, including part                        |  | ndar years?   |
|                   | □ No  |  |  |   |  |   |
|                   | Yes. Fill                                     | in the details.                                |  |   |  |   |
|                   |   |  | Debtor 1                                   |   | Debtor 2   |   |
|                   |   |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                   |   | of current year until<br>d for bankruptcy:     | ☐ Wages, commissions, bonuses, tips        | \$0.00  | ☐ Wages, commissions, bonuses, tips                            |   |
|                   |   |  | ☐ Operating a business                     |   | ☐ Operating a business   |   |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| De  | Debtor 1 Jeffrey Austin Ritucci |   |  |          |                              |   | Case number (if known)  |  |   |  |
|---|---------------------------------|---|--|----------|------------------------------|---|---|--|---|--|
|   |                                 |   |  |          |                              |   |   |  |   |  |
|   |                                 |   |  |          |                              | Debtor 1  |   | Debtor 2   |   |  |
|   |                                 |   |  |          |                              | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.                           | Gross income<br>(before deductions<br>and exclusions) |  |
| For last calendar year:<br>(January 1 to December 31, 2023)             |                                 |   |  |          | 31, 2023 )                   | ■ Wages, commissions, bonuses, tips   | \$41,997.00   | ☐ Wages, commissions, bonuses, tips                                  |   |  |
|   |                                 |   |  |          |                              | ☐ Operating a business  |   | ☐ Operating a business   |   |  |
| For the calendar year before that: (January 1 to December 31, 2022 )    |                                 |   |  |          |                              | ■ Wages, commissions, bonuses, tips   | \$24,762.00   | ☐ Wages, commissions, bonuses, tips                                  |   |  |
|   |                                 |   |  |          |                              | ☐ Operating a business  |   | ☐ Operating a business   |   |  |
|   | List ea                         | List each source and the gross in  No Yes. Fill in the details. |  |          | ne gross inco                | e and you have income that y  | ,   | •  |   |  |
|   |                                 |   |  |          |                              | Dobton 4  |   | Dobtos 2   |   |  |
|   |                                 |   |  |          |                              | Debtor 1 Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Describe below.  | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: |                                 |   |  |          | t year until<br>kruptcy:     | VA Disability   | \$30,964.72   |  |   |  |
| Pa  | ırt 3:                          | List  | Cert   | ain Pa   | yments You                   | Made Before You Filed for   | Bankruptcy  |  |   |  |
| 6.  | _                               | ither<br>No.  | Poblished Poblis |          |                              |   |   |  |   |  |
|   |                                 |   |  | No.      | Go to line 7                 |   |   |  |   |  |
|   |                                 |   |  | Yes      | paid that cre<br>not include | editor. Do not include paymer payments to an attorney for the                                   | nts for domestic support oblights bankruptcy case.                        | n one or more payments and the ations, such as child support a       | ind alimony. Also, do                                 |  |
|   |                                 |   | * Sı   | ubject t | o adjustment                 | ent on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. |   |  |   |  |
|   |                                 | res.  | . <b>Debtor 1 or Debtor 2 or both have primarily consumer debts.</b> During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  |          |                              |   |   |  |   |  |
|   |                                 |   |  | No.      | Go to line 7.                |   |   |  |   |  |
|   |                                 |   |  | Yes      | List below e include pay     | ach creditor to whom you pai  |   | I the total amount you paid that<br>port and alimony. Also, do not i |   |  |
|   |                                 |   |  |          |                              |   |   |  |   |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| De  | otor 1 _ Jeffrey Austin Ritucci  |   | Case number (if known)                          |   |                                  |   |
|-----|--|---|---|---|----------------------------------|---|
|     |  |   |   |   |                                  |   |
|     | Creditor's Name and Address  | Dates of payment                                      | Total amount paid                               | Amount you still owe                        | Was this pa                      | yment for   |
|     | Lakeway Loan Care<br>PO Box 8068   | Monthly   | \$1,867.35                                      | \$328,377.00                                | ■ Mortgage                       |   |
|     | Virginia Beach, VA 23450   |   |   |   | ☐ Credit Ca                      | ırd   |
|     |  |   |   |   | ☐ Loan Rep                       | payment   |
|     |  |   |   |   | Suppliers                        | or vendors  |
|     |  |   |   |   | Other                            |   |
|     | Credit Acceptance Corp.  | Monthly   | \$511.55  | \$17,910.26                                 | ☐ Mortgage                       | 1   |
|     | PO Box 55188   | ,   | ***************************************         | <b>,</b> ,                                  | ■ Car                            | •   |
|     | Detroit, MI 48255-1888   |   |   |   | ☐ Credit Ca                      | ırd   |
|     |  |   |   |   | ☐ Loan Rep                       |   |
|     |  |   |   |   | ☐ Suppliers                      | or vendors  |
|     |  |   |   |   | ☐ Other                          |   |
| 7.  | Within 1 year before you filed for bankrup<br>Insiders include your relatives; any general p<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor.<br>alimony. | artners; relatives of any gencontrol, or owner of 20% | neral partners; partners or more of their votin | erships of which yog<br>g securities; and a | ou are a genera<br>ny managing a | Il partner; corporations<br>gent, including one for |
|     | ■ No   |   |   |   |                                  |   |
|     | ☐ Yes. List all payments to an insider.  |   |   |   |                                  |   |
|     | Insider's Name and Address   | Dates of payment                                      | Total amount paid                               | Amount you still owe                        | Reason for                       | this payment  |
| 8.  | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co   |   | yments or transfer a                            | any property on a                           | ccount of a de                   | ebt that benefited an                               |
|     | No   |   |   |   |                                  |   |
|     | ☐ Yes. List all payments to an insider   |   |   |   |                                  |   |
|     | Insider's Name and Address   | Dates of payment                                      | Total amount paid                               | Amount you still owe                        | Reason for<br>Include cred       | this payment itor's name                            |
| Pai | t 4: Identify Legal Actions, Repossession  | ns. and Foreclosures                                  |   |   |                                  |   |
| 9.  | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes.  No  | tcy, were you a party in a                            |   |   |                                  |   |
|     | Yes. Fill in the details.  |   |   |   |                                  |   |
|     | Case title Case number   | Nature of the case                                    | Court or agency                                 |   | Status of th                     | e case  |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo  |   | perty repossessed, t                            | foreclosed, garnis                          | shed, attached                   | l, seized, or levied?                               |
|     | ■ No. Go to line 11.  ✓ Yes. Fill in the information below.  |   |   |   |                                  |   |
|     | Creditor Name and Address  | Describe the Property                                 |   | Date  |                                  | Value of the  |
|     |  | Explain what happene                                  | ed  |   |                                  | property  |
|     |  |   |   |   |                                  |   |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor   | 1 Jeffrey Austin Ritucci   |          | Case number  | (if known)                        |                           |
|--|--|----------|--|-----------------------------------|---------------------------|
|  | •  |          |  |                                   |                           |
|  | thin 90 days before you filed for bankri<br>counts or refuse to make a payment be<br>No  |          | did any creditor, including a bank or financial ins<br>you owed a debt?  | stitution, set off any a          | mounts from your          |
|  | Yes. Fill in the details.  |          |  |                                   |                           |
| Cr   | reditor Name and Address   | De       | scribe the action the creditor took  | Date action was taken             | Amount                    |
| COI  | urt-appointed receiver, a custodian, or<br>No  |          | as any of your property in the possession of an a<br>er official?  | assignee for the bene             | fit of creditors, a       |
|  | Yes  |          |  |                                   |                           |
| Part 5:  | List Certain Gifts and Contributions   | 8        |  |                                   |                           |
| 13. <b>Wi</b> t  | thin 2 years before you filed for bankru<br>No<br>Yes. Fill in the details for each gift.  | ıptcy, c | lid you give any gifts with a total value of more t  | han \$600 per personî             | ?                         |
|  | fts with a total value of more than \$600 per person   | D        | Describe the gifts   | Dates you gave the gifts          | Value                     |
|  | erson to Whom You Gave the Gift and ddress:  |          |  |                                   |                           |
| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any  ■ No □ Yes. Fill in the details for each gift or contribution. |  |          |  |                                   | \$600 to any charity?     |
| me<br>Ch   | fts or contributions to charities that to<br>ore than \$600<br>narity's Name<br>ddress (Number, Street, City, State and ZIP Code | otal     | Describe what you contributed  | Dates you contributed             | Value                     |
| Part 6:  | List Certain Losses  |          |  |                                   |                           |
|  | thin 1 year before you filed for bankrup<br>gambling?  | otcy or  | since you filed for bankruptcy, did you lose any   | thing because of thef             | t, fire, other disaster   |
|  | No<br>Yes. Fill in the details.  |          |  |                                   |                           |
|  |  | Include  | be any insurance coverage for the loss the amount that insurance has paid. List pending acc claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |
| Part 7:  | List Certain Payments or Transfers   |          |  |                                   |                           |
| COI  | nsulted about seeking bankruptcy or p  | reparii  | d you or anyone else acting on your behalf pay on going a bankruptcy petition? s, or credit counseling agencies for services required    |                                   | rty to anyone you         |
| □  | No<br>Yes. Fill in the details.  |          |  |                                   |                           |
| Ac<br>Er   | erson Who Was Paid<br>ddress<br>nail or website address<br>erson Who Made the Payment, if Not Yo                                 | ou       | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment         |
| 38<br>P.<br>Be   | athaway Holland PLLC<br>311 Consolidation Ave.<br>O. Box 2147<br>ellingham, WA 98227<br>nathaway@expresslaw.com                  |          | Attorney Fees  | 10/2024                           | \$1,400.00                |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb  | btor 1 Jeffrey Austin Ritucci   |                |   |   | Ca            | ise numbei          | (if known)  |             |                                       |
|--|---|----------------|---|---|---------------|---------------------|---|-------------|---------------------------------------|
|  |   |                |   | _   |               |                     |   |             |                                       |
| 17.  | Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you   | rs or          | to make payment   |   |               |                     | or transfer any prope                                     | rty to anyo | one who                               |
|  | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>  |                |   |   |               |                     |   |             |                                       |
|  | Person Who Was Paid<br>Address  |                | Description and transferred                                   | value of any pro  | oper          | rty                 | Date payment or transfer was made                         |             | Amount of payment                     |
| 18.  | Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers m include gifts and transfers that you have alread No  Yes. Fill in the details. | usine<br>ade a | ess or financial aff<br>s security (such as                   | airs?<br>the granting of a  |               |                     |   | -           |                                       |
|  | Person Who Received Transfer Address  Person's relationship to you  |                | Description and property transfer                             | ption and value of ty transferred Describe any property payments received or paid in exchange |               | s received or debts | Date tra<br>made  | ansfer was  |                                       |
|  | Craigslist buyer  |                | 1998 Subaru Le  | egacy   | gacy \$500.00 |                     |   | 11/2023     | 3                                     |
|  |   |                |   |   |               |                     |   |             |                                       |
| <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Name of trust</li> <li>Description and value of the property transferred</li> <li>Date Transfer made</li> </ul> |   |                |   |   |               |                     |   |             |                                       |
|  | List of Contain Financial Assessments In  |                |   | 1 D 1 O   |               |                     |   | 11121212    |                                       |
| Par  | tt 8: List of Certain Financial Accounts, In  | strun          | nents, Safe Deposi  | t Boxes, and S  | tora          | ge Units            |   |             |                                       |
| 20.  | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, asso No  Yes. Fill in the details.                               | or oth         | er financial accou  | nts; certificates   | s of          |                     |   |             |                                       |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  |                | t 4 digits of<br>ount number                                  | Type of accoinstrument  | unt           | cl<br>m             | ate account was<br>losed, sold,<br>loved, or<br>ansferred |             | ast balance<br>closing or<br>transfer |
|  | Navy Federal Credit Union<br>P.O. Box 3000<br>Merrifield, VA 22119  | XXX            | (X-   | ☐ Checking ☐ Savings ☐ Money Ma ☐ Brokerage ☐ Other   |               | 1                   | 0/2024 - Closed<br>y the bank                             |             | \$0.00                                |
| 21.  | Do you now have, or did you have within 1 cash, or other valuables?   | year           | pefore you filed fo   | r bankruptcy, a   | ny s          | afe depos           | it box or other depos                                     | itory for s | ecurities,                            |
|  | ■ No □ Yes. Fill in the details.  |                |   |   |               |                     |   |             |                                       |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   |                | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |   | De            | scribe the          | contents  | Do yo have  | ou still<br>it?                       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 22.     | Have you stored property in                                   | a storage unit or pl  | ace other than your home within  | 1 year before you filed for bankruptcy?   |                       |  |
|---------|---|-----------------------|--|---|-----------------------|--|
|         |   |                       |  |   |                       |  |
|         | ■ No □ Yes. Fill in the details.                              |                       |  |   |                       |  |
|         |   |                       |  | <b>5</b>  | <b>5</b> (111         |  |
|         | Name of Storage Facility<br>Address (Number, Street, City, St | ate and ZIP Code)     | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents   | Do you still have it? |  |
| Par     | t 9: Identify Property You                                    | Hold or Control for   | Someone Else   |   |                       |  |
|         | Do you hold or control any programme for someone.             | property that some    | one else owns? Include any prope   | rty you borrowed from, are storing for,   | or hold in trust      |  |
| ■ No    |   |                       |  |   |                       |  |
|         | Yes. Fill in the details.                                     |                       |  |   |                       |  |
|         | Owner's Name<br>Address (Number, Street, City, St             | ate and ZIP Code)     | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property   | Value                 |  |
| Par     | t 10: Give Details About En                                   | vironmental Informa   | ation  |   |                       |  |
| For t   | the purpose of Part 10, the fo                                | ollowing definitions  | apply:   |   |                       |  |
|         | toxic substances, wastes, o                                   | r material into the a | _  | ning pollution, contamination, releases<br>dwater, or other medium, including sta |                       |  |
|         | Site means any location, facto own, operate, or utilize it.   | • • • •               | -  | law, whether you now own, operate, o  | r utilize it or used  |  |
|         | Hazardous material means a hazardous material, polluta        |                       |  | s waste, hazardous substance, toxic s   | ubstance,             |  |
| Repo    | ort all notices, releases, and                                | proceedings that yo   | ou know about, regardless of whe   | n they occurred.  |                       |  |
| 24.     | Has any governmental unit                                     | notified you that you | u may be liable or potentially liable  | e under or in violation of an environme   | ntal law?             |  |
|         | ■ No □ Yes. Fill in the details.                              |                       |  |   |                       |  |
|         |   |                       |  |   |                       |  |
|         | Name of site<br>Address (Number, Street, City, St             | ate and ZIP Code)     | Governmental unit Address (Number, Street, City, State an ZIP Code)                  | Environmental law, if you know it   | Date of notice        |  |
| 25.     | Have you notified any gover                                   | nmental unit of any   | release of hazardous material?   |   |                       |  |
|         | <ul><li>No</li><li>☐ Yes. Fill in the details.</li></ul>      |                       |  |   |                       |  |
|         | Name of site<br>Address (Number, Street, City, St             | ate and ZIP Code)     | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)            | Environmental law, if you know it   | Date of notice        |  |
| 26.     | Have you been a party in an                                   | y judicial or adminis | strative proceeding under any env  | ironmental law? Include settlements a   | nd orders.            |  |
|         | ■ No □ Yes. Fill in the details.                              |                       |  |   |                       |  |
|         | Case Title<br>Case Number                                     |                       | Court or agency Name Address (Number, Street, City, State and ZIP Code)              | Nature of the case  | Status of the case    |  |
| Part    | t 11: Give Details About Yo                                   | ur Business or Con    | nections to Any Business   |   |                       |  |
| 27.     | Within 4 years before you fi                                  | led for bankruptcy,   | did you own a business or have a   | ny of the following connections to any  | business?             |  |
|         | ☐ A sole proprietor or  | self-employed in a t  | trade, profession, or other activity   | , either full-time or part-time   |                       |  |
|         | A member of a limite  | ed liability company  | (LLC) or limited liability partnersh   | nip (LLP)   |                       |  |
| Officia | al Form 107   | Statement of          | of Financial Affairs for Individuals Filin   | g for Bankruptcy  | page 6                |  |

| Dei           | Jenrey Austin Ritucci  | Ca   | ase number (i | t known)                                |
|---------------|--|--|---------------|---|
|               |  |  |               |   |
|               | ☐ A partner in a partnership   |  |               |   |
|               | ☐ An officer, director, or managing ex   | ecutive of a corporation                       |               |   |
|               | ☐ An owner of at least 5% of the votin   | g or equity securities of a corporation        |               |   |
|               | ☐ No. None of the above applies. Go to F   | Part 12.                                       |               |   |
|               | Yes. Check all that apply above and fill   | in the details below for each business.        |               |   |
|               | Business Name  | Describe the nature of the business            | Employer      | Identification number                   |
|               | Address<br>(Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper               | Do not inc    | clude Social Security number or ITIN.   |
|               | (  | Name of accountant of bookkeeper               | Dates bus     | siness existed                          |
|               | Get er Done Homefront, LLC   | Consturction                                   | EIN:          | 99-2901471                              |
|               | 8635 Blaine Road<br>Blaine, WA 98230   |  | From-To       | 6/2024 - present                        |
|               | Marine Men, LLC  | Flooring                                       | EIN:          |   |
|               | 8635 Blaine Road   |  | From-To       | 7/2024                                  |
|               | Blaine, WA 98230   |  | 110111-10     | 172024                                  |
|               | Yes. Fill in the details below.  Name Address  | Date Issued                                    |               |   |
|               | (Number, Street, City, State and ZIP Code)   |  |               |   |
| Par           | 112: Sign Below  |  |               |   |
| are with 18 U | re read the answers on this Statement of Fir<br>rue and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>.S.C. §§ 152, 1341, 1519, and 3571.  Jeffrey Austin Ritucci<br>frey Austin Ritucci | false statement, concealing property, or o     | obtaining mo  | oney or property by fraud in connection |
| Sig           | nature of Debtor 1   |  |               |   |
| Dat           | October 16, 2024   | Date   |               |   |
| Did<br>■ N    |  | ent of Financial Affairs for Individuals Filir | ng for Bankru | uptcy (Official Form 107)?              |
| Did<br>■ N    | you pay or agree to pay someone who is not   | t an attorney to help you fill out bankrupto   | cy forms?     |   |
| ΠY            | es. Name of Person Attach the <i>Bankru</i>  | ptcy Petition Preparer's Notice, Declaration,  | and Signature | e (Official Form 119).                  |
|               |  |  |               |   |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

| Fill in Abia infan                 |  |                        |   |                                   |
|------------------------------------|--|------------------------|---|-----------------------------------|
| FIII In this infor                 | mation to identify you                             |                        |   |                                   |
| Debtor 1                           | Jeffrey Austin R                                   | Middle Name            | Last Name   |                                   |
| Debtor 2                           |  |                        |   |                                   |
| (Spouse if, filing)                | First Name   | Middle Name            | Last Name   |                                   |
| United States Ba                   | ankruptcy Court for the:                           | WESTERN DIST           | RICT OF WASHINGTON  |                                   |
| Case number                        |  |                        |   |                                   |
| (if known)                         |  |                        |   | Check if this is an               |
|                                    |  |                        |   | amended filing                    |
| O##                                | 4.00   |                        |   |                                   |
| Official Fo                        |  |                        | _   |                                   |
| Stateme:                           | nt of Intention                                    | on for Indiv           | <u>riduals Filing Under Chapte</u>  | er 7 12/15                        |
| 16                                 | Problem 1 CP and the second second                 |                        | U and this fame W   |                                   |
| •                                  | lividual filing under ch<br>/e claims secured by y | • •                    | il out this form ir:  |                                   |
| _                                  | sed personal property                              |                        | ot expired.   |                                   |
| You must file th                   | is form with the court                             | within 30 days after   | you file your bankruptcy petition or by the date se   |                                   |
| whiche<br>on the                   | •  | he court extends th    | e time for cause. You must also send copies to the  | e creditors and lessors you list  |
| lf tours morning m                 | aanla ara filing tagathi                           | in a iaint aaaa ba     | th are agreedly recognished for accomplying accuract in   | formation Dath debters must       |
|                                    | eople are filing togethord date the form.          | er in a joint case, bo | oth are equally responsible for supplying correct in  | formation. Both deptors must      |
| Re as complete                     | and accurate as nossi                              | hle If more snace is   | s needed, attach a separate sheet to this form. On  | the ton of any additional nages   |
|                                    | our name and case nu                               |                        | s needed, attach a separate sheet to this form. On  | ine top of any additional pages,  |
| Part 1: List Y                     | our Creditors Who Ha                               | ve Secured Claims      |   |                                   |
| -                                  |  |                        |   |                                   |
| 1. For any credit<br>information b | -  | Part 1 of Schedule D   | : Creditors Who Have Claims Secured by Property   | (Official Form 106D), fill in the |
|                                    | reditor and the property                           | that is collateral     | What do you intend to do with the property that   |                                   |
|                                    |  |                        | secures a debt?   | as exempt on Schedule C?          |
| One distanta                       | S  |                        |   | _                                 |
| Creditor's (                       | Credit Acceptance C                                | orp.                   | Surrender the property.   | □ No                              |
| name.                              |  |                        | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul> | ■ Yes                             |
| Description of                     |  |                        | Reaffirmation Agreement.  |                                   |
| property                           | Location: 8635 Bl                                  | aine Road,             | ☐ Retain the property and [explain]:  |                                   |
| securing debt                      | Bianic WA 30200                                    |                        |   | _                                 |
|                                    |  |                        |   |                                   |
| Creditor's F                       | Freedom Road Finar                                 | ncial                  | ■ Surrender the property.   | □ No                              |
| name:                              |  |                        | Retain the property and redeem it.  | ■ Yes                             |
| Description of                     | f 2021 Kawasaki V                                  | 650 13.000             | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.                                    | ■ Yes                             |
| property                           | miles  | 10,000                 | ☐ Retain the property and [explain]:  |                                   |
| securing debt                      |  | aine Road,             | , , , , , ,   |                                   |
|                                    | Blaine WA 98230                                    |                        |   | _                                 |
| Owe district                       |  |                        | <b>—</b>  | <b></b>                           |
| Creditor's <b>L</b> name:          | _akeview Loan Care                                 |                        | ☐ Surrender the property.   | □ No                              |
| name.                              |  |                        | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a                           | ■ Yes                             |
| Description of                     | f 8635 Blaine Road                                 | Blaine, WA             | Reaffirmation Agreement.  | <del>-</del> 103                  |
|                                    |  |                        |   |                                   |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

| ebtor 1 Jeffrey Austin Ritucci  |  |
|---|--|
| property 98230 Whatcom County   | Retain the property and [explain]:   |
| securing debt:  | Retain and pay   |
| art 2: List Your Unexpired Personal Property Lea  |  |
| the information below. Do not list real estate leases   | sted in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), form the contract of the second |
| escribe your unexpired personal property leases   | Will the lease be assumed?   |
| essor's name:   | □ No   |
| escription of leased operty:  | П у  |
| openy.  | ☐ Yes  |
| ssor's name:  | □ No   |
| escription of leased operty:  | ☐ Yes  |
|   |  |
| essor's name:<br>escription of leased   | □ No   |
| operty:   | ☐ Yes  |
| ssor's name:  | □ No   |
| escription of leased roperty:   |  |
| operty.   | ☐ Yes  |
| ssor's name:  | □ No   |
| escription of leased<br>operty:   | ☐ Yes  |
| and a second  | _  |
| ssor's name:<br>escription of leased  | □ No   |
| operty:   | ☐ Yes  |
| ssor's name:  | □ No   |
| escription of leased operty:  | ☐ Yes  |
| 2 Sim Balan   |  |
| art 3: Sign Below   |  |
| der penalty of perjury, I declare that I have indicate perty that is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal  |
| /s/ Jeffrey Austin Ritucci  | X  |
| Jeffrey Austin Ritucci  | Signature of Debtor 2  |
| Signature of Debtor 1   |  |
| Date  | Date   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chap     | ter 7: | Liquidation        |
|----------|--------|--------------------|
|          | \$245  | filing fee         |
|          | \$78   | administrative fee |
| <u>+</u> | \$15   | trustee surcharge  |
|          | \$338  | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **United States Bankruptcy Court** Western District of Washington

| In re       | Jeffrey Austin Ritucci   |  | Case No.               |                       |                 |  |
|-------------|--|--|------------------------|-----------------------|-----------------|--|
|             |  | Debtor(s)                              | Chapter                | 7                     |                 |  |
|             | DISCLOSURE OF COMPENSA   | TION OF ATTO                           | RNEY FOR DI            | EBTOR(S)              |                 |  |
| c           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ompensation paid to me within one year before the filing of te rendered on behalf of the debtor(s) in contemplation of or i  | the petition in bankruptcy,            | or agreed to be paid   | to me, for services   |                 |  |
|             |  |  |                        | 1,400.00              |                 |  |
|             | Prior to the filing of this statement I have received  |  | \$                     | 1,400.00              |                 |  |
|             | Balance Due  |  | \$                     | 0.00                  |                 |  |
| 2. \$       | <b>338.00</b> of the filing fee has been paid.   |  |                        |                       |                 |  |
| 3. Т        | he source of the compensation paid to me was:  |  |                        |                       |                 |  |
|             | ■ Debtor □ Other (specify):  |  |                        |                       |                 |  |
| 4. T        | he source of compensation to be paid to me is:   |  |                        |                       |                 |  |
|             | ■ Debtor □ Other (specify):  |  |                        |                       |                 |  |
| 5. <b>I</b> | I have not agreed to share the above-disclosed compensation  | ion with any other person              | unless they are mem    | bers and associates   | of my law firm. |  |
| [           | I have agreed to share the above-disclosed compensation of copy of the agreement, together with a list of the names of   |  |                        |                       | law firm. A     |  |
| 6. I        | n return for the above-disclosed fee, I have agreed to render  | legal service for all aspect           | s of the bankruptcy    | case, including:      |                 |  |
| b<br>c      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> </ul> |  |                        |                       |                 |  |
| 7. E        | y agreement with the debtor(s), the above-disclosed fee does   | s not include the following            | g service:             |                       |                 |  |
|             | CF   | ERTIFICATION                           |                        |                       |                 |  |
|             | certify that the foregoing is a complete statement of any agre<br>nkruptcy proceeding.   | eement or arrangement for              | payment to me for r    | representation of the | debtor(s) in    |  |
| 0           | ctober 16, 2024  | /s/ Steven C. Hatl                     | haway                  |                       |                 |  |
| Do          | ite  | Steven C. Hathav                       |                        |                       |                 |  |
|             |  | Signature of Attorne Law Office of Ste | ry<br>even C. Hathaway |                       |                 |  |
|             |  | 3811 Consolidati                       |                        |                       |                 |  |
|             |  | P.O. Box 2147<br>Bellingham, WA        | 00227                  |                       |                 |  |
|             |  | 360-676-0529 Fa                        |                        |                       |                 |  |
|             |  | shathaway@exp                          |                        |                       |                 |  |
|             |  | Name of law firm                       |                        |                       |                 |  |

### **United States Bankruptcy Court** Western District of Washington

| In re  | Jeffrey Austin Ritucci  |                            | Case No. |   |  |  |  |
|--------|---|----------------------------|----------|---|--|--|--|
|        |   | Debtor(s)                  | Chapter  | 7 |  |  |  |
|        | VERIFI  | CATION OF CREDITOR         | MATRIX   |   |  |  |  |
| Γhe ab | he above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. |                            |          |   |  |  |  |
| Date:  | October 16, 2024  | /s/ Jeffrey Austin Ritucci |          |   |  |  |  |
|        |   | Jeffrey Austin Ritucci     |          |   |  |  |  |

Signature of Debtor

AMERICAN EXPRESS ATTN: BANKRUPTCY DEPARTMENT PO BOX 981537 EL PASO, TX 79998-1537

CAPITAL ONE BANK USA PO BOX 31293 SALT LAKE CITY, UT 84131-1293

CAPITAL ONE/KOHL'S PO BOX 3115 MILWAUKEE, WI 53201-3115

CREDIT ACCEPTANCE CORP. PO BOX 5070 ROSEVILLE, MI 48066-5070

DISCOVER BANK ATTN: BANKRUPTCY DEPARTMENT PO BOX 30939 SALT LAKE CITY, UT 84130-0939

FREEDOM ROAD FINANCIAL 1515 W 22ND STREET, STE 100W OAK BROOK, IL 60523

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPER. P.O. BOX 7346 PHILADELPHIA, PA 19101-7346

LAKEVIEW LOAN CARE PO BOX 8068 VIRGINIA BEACH, VA 23450

NAVY FEDERAL CREDIT UNION P.O. BOX 3700 MERRIFIELD, VA 22119-3500

NAVY FEDERAL CREDIT UNION P.O. BOX 3700 MERRIFIELD, VA 22119-3700

PENTAGON FEDERAL CREDIT UNION P.O. BOX 1432 ALEXANDRIA, VA 22313-1432

PENTAGON FEDERAL CREDIT UNION P.O. BOX 1432 ALEXANDRIA, VA 22313

PUGET SOUND COOPERATIVE CU 600 108TH AVE NE BELLEVUE, WA 98004-5129

SYNCB/ AMAZON PO BOX 71737 PHILADELPHIA, PA 19176-1737

SYNCB/ PAYPAL PO BOX 71727 PHILADELPHIA, PA 19176-1727

SYNCB/VERIZON PO BOX 71737 PHILADELPHIA, PA 19176-1737

THD/CBNA 5800 SOUTH CORPORATE PLACE SIOUX FALLS, SD 57108

TIFFANY RITUCCI 2231 MOUNTAIN DRIVE ABBOTSFORD, BC CANADA V3GLE3

USAA SAVINGS BANK PO BOX 33009 SAN ANTONIO, TX 78265